

# IN-TOT2



## Knights of Columbus

### INDIANA STATE COUNCIL O'ROURKE TOOTSIE ROLL DRIVE FOR INTELLECTUALLY DISABLED CITIZENS FINANCIAL REPORT

**SUBMIT:**  
After Drive

Council Number \_\_\_\_\_ City \_\_\_\_\_ Date(s) \_\_\_\_\_

**INCOME:**

Sale of \_\_\_\_\_ cases of Tootsie Rolls: \$ \_\_\_\_\_

Other donations: \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**EXPENSES:**

\_\_\_\_\_ Cases of Tootsie Rolls: \$ \_\_\_\_\_

\_\_\_\_\_ Aprons@ \_\_\_\_\_: \$ \_\_\_\_\_

Insurance Expense \$ \_\_\_\_\_

Miscellaneous Expense: \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**NET INCOME FROM DRIVE:** \$ \_\_\_\_\_

### DISTRIBUTION REQUEST

**AMOUNT OF COUNCIL CHECK TO STATE COUNCIL:** \$ \_\_\_\_\_

Please list the name and address of each approved eligible organization to which you wish to donate and indicate the amount to be donated. Use an additional sheet if necessary.

**Total to be donated to Gibault:** \$ \_\_\_\_\_

(1) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

(2) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

(3) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

(4) **AMOUNT TO BE DONATED TO THE STATE SPECIAL OLYMPICS** \$ \_\_\_\_\_

\_\_\_\_\_  
Grand Knight Date

Checks written to the above organizations for the amount indicated will be returned to the Council for distribution. Unless directed otherwise, the checks will be mailed to the financial secretary of the Council at the address listed in the most recent state directory. Send **two** copies of this report and the Council check made payable to: **Indiana State Council:**

SUBMIT TO: Indiana State Treasurer  
COPIES TO: State Community Director, District Deputy, Council File