**RECEIPTS AND EXPENDITURES**

From _____ to _____

**RECEIPTS (continue on separate page, if needed)**

| | Date | Source | Amount | Purpose |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

**EXPENDITURES (continue on separate page, if needed)**

| | Date | Payee | Amount | Purpose |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Completed by: _____
Title: _____

Address: _____
_____

EIN (Employer Identification Number), if any: _____

STATE/COMMONWEALTH OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____who on his/her oath did state that the facts contained in the foregoing Receipts and Expenditures are within his/her personal knowledge and are both true and correct.

_____
*Signature*

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this the _____ day of _____, 200___

Notary Public in and for the State/Commonwealth of _____.