

Charitable Services Section
Los Angeles Police Commission
200 N. Spring Street, Room 1513
Los Angeles, CA 90012
(213) 978-1144
(213) 978-1155 (Fax)

City of Los Angeles

Received _____

Verified _____

Org. # _____

REPORT OF RESULTS OF ACTIVITY

Card # _____

Name of Organization Address and Zip Code

Telephone Kind of Activity

Date held from: _____ to: _____

RECEIPTS:

Cash Contributions _____	\$ _____	
Ticket Sales or Admission Charges _____	_____	
Sale of Advertising Space _____	_____	
Returns from Sales _____	_____	
Membership Fees _____	_____	
Amounts Received from Other Sources (itemize) _____	_____	
Pledges _____	_____	
TOTAL _____	_____	
Less Federal, State and City taxes (if applicable) _____	_____	
TOTAL RECEIPTS		\$

FUND-RAISING EXPENSES:

Salaries, Wages, Commissions (To Whom) _____	\$ _____	
Music _____	_____	
Rentals or Purchase of Equipment _____	_____	
Printing, Postage, Stationery _____	_____	
Telephone, Television or Radio Time _____	_____	
Advertising/Publicity Costs _____	_____	
Decorations Favors, Costumes, Uniforms _____	_____	
Costs of Merchandise, Food, etc., for Resale _____	_____	
Prizes _____	_____	
Reservation Charges _____	_____	
Other Expenditures (itemize) _____	_____	
TOTAL FUND-RAISING EXPENSES		\$
NET REMAINING FOR CHARITABLE PURPOSES		\$

DISTRIBUTION OF FUNDS

To Whom: _____

Date Released: _____ Amount \$ _____

THIS REPORT MUST BE SIGNED BY TWO OFFICERS OF THE ORGANIZATION AND FILED WITH CHARITABLE SERVICES SECTION, LOS ANGELES POLICE COMMISSION WITHIN 30 DAYS AFTER THE CLOSE OF THE SOLICITATION.

Date Submitted

Signature of Officer Title Address and Zip Code Telephone

Signature of Officer Title Address and Zip Code Telephone