

Charitable Services Section
Los Angeles Police Commission
100 West First Street, Room 147
Los Angeles, CA 90012
(213) 996-1260
(213) 996-1279 (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 _____