



CITY OF LOS ANGELES REPORT OF RESULTS OF ACTIVITY

Date Received: _____
Verified By: _____
Organization No: _____
Card No: _____

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Contact No: _____

Type of Activity: _____ Date held from: _____ To: _____

RECEIPTS:

Admission Sales	_____	Returns From Sales	_____	TOTAL RECEIPTS	_____
Cash Contributions	_____	Sale of Advertising	_____	LESS APPLICABLE TAXES	_____
Member Ship Fees	_____	Ticket Sales	_____	GRAND TOTAL RECEIPTS	_____
Pledges	_____	Other Sources (Itemized)	_____		

FUND-RAISING EXPENSES:

Salaries, Wages, Commissions (To Whom)	_____	Music	_____
Rentals/Purchase of Equipment	_____	Prizes	_____
Printing, Postage, Stationery	_____	Other (list & itemize below)	_____
Telephone, Television or Radio Time	_____		_____
Advertising/Publicity Costs	_____		_____
Decorations, Favors, Costumes, Uniforms	_____		_____
Cost of Merchandise, Food, etc. for Resale	_____		
Information Card Processing Fee	_____		
Reservation Charges	_____	FUND-RAISING EXPENSES TOTAL	_____

NET AMOUNT REMAINING FOR CHARITABLE PURPOSES _____

DISTRIBUTION OF FUNDS:

Funds Distributed To: _____

Amount Released: _____ Date Released: _____

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.

Type or Print Name

Signature of Officer

Date

Contact Number

Type or Print Name

Signature of Officer

Date

Contact Number