



Knights of Columbus

KENTUCKY ASSOCIATION FOR PERSONS
WITH INTELLECTUAL DISABILITIES, INC.
P.O. Box 206067, LOUISVILLE, KY 40250-6067

COUNCIL FUND DRIVE REPORT FORM

COUNCIL NAME _____

NUMBER _____

1.	AMOUNT OF FUNDS COLLECTED	\$
2.	EXPENSES (STAMPS, POSTERS, ETC.)	\$
3.	SUBTRACT LINE 2 FROM LINE 1	\$
4.	SEND ASSOCIATION TREASURER AMOUNT ON LINE 3	\$
5.	COST OF TOOTSIE ROLLS (\$20 X NUMBER OF CASES) <input type="text"/>	\$
6.	NET PROCEEDS (SUBTRACT LINE 5 FROM LINE 4)	\$
DIVISION OF FUNDS		
7.	TOTAL FROM LINE 6	\$
8.	ASSOCIATION'S SHARE (20% OF LINE 7)	\$
9.	COUNCIL'S SHARE (SUBTRACT LINE 8 FROM LINE 7)	\$
10.	COST OF APRONS (NUMBER X \$12) <input type="text"/>	\$
11.	COST OF HATS (NUMBER X \$3) <input type="text"/>	\$
12.	COUNCIL'S DUES (\$5)	\$
13.	ADD LINES 10, 11 AND 12	\$
14.	AMOUNT FOR COUNCIL DISTRIBUTION (SUBTRACT LINE 13 FROM LINE 9)	\$

Due By: January 1, 2024

MAKE CHECK PAYABLE TO: *KAPID* SEND CHECK FOR TOTAL FROM LINE 4 TO:

Charles Baumbusch, 3301 Lanfair Ct., Louisville, KY 40241-2715