



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 BOXES) | \$ _____ |
| 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) | \$ _____ |
| 11. COST OF HATS (NUMBER X \$3) | \$ _____ |
| 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, 2022

SEND CHECK FOR TOTAL FROM LINE 4 TO:

James E. Fink, PSD, 3060 Nadina Drive, Louisville, KY 40220-1755