Reset Form

Division of Charitable Solicitations and Gaming
Tre Hargett, Secretary of State

State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

For Office Use Only

DISASTER RELIEF FUNDRAISING FINANCIAL REPORT

INSTRUCTIONS: Any charitable organization other than a bona fide religious institution, which solicited and received contributions exceeding twenty-five thousand dollars ($25,000) for a charitable purpose related to a disaster between May 1, 2010, and May 20, 2011, shall file a financial report with the secretary of state on June 30, 2011. The report shall detail all funds received and expended by the organization as a result of the solicitation. After June 30, 2011, the organization shall file quarterly financial reports with the secretary of state detailing the money raised and expended by the organization as a result of the solicitation, until the funds are expended. The quarterly reports shall be filed within thirty (30) days of the close of the quarter.

1. Organization Name: _____

2. Address: _____

3. Phone Number: _____ 4. Registration Number (if applicable) _____

5. Disaster for which contributions were solicited: _____

6. Financial Period: ☐ 1st Quarter ☐ 2nd Quarter

☐ 3rd Quarter ☐ 4th Quarter

_____ _____, _____ to _____ _____, _____
Month *Day* *Year* *Month* *Day* *Year*

I. **Revenue**

Gross Contributions received as a result of solicitations $ _____

Total Revenue $ _____

II. **Expenses**

Program Services: $ _____
Gifts/Grants $ _____
Fundraising $ _____
Administrative $ _____
Other (attach schedule) $ _____

Total Expenses $ _____

III. **Program/Recipent Description**

Describe the program services provided by the organization which were funded by contributions detailed in this report. (If the organization provided grants to other organizations, list the grant recipients and amounts distributed to such recipients) (attach additional pages if necessary)

_____

_____

_____

_____

III. **Program/Recipent Description - continued**

SIGNATURE SECTION

This document must be signed by two authorized officers. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer	Signature of Authorized Officer
Print Name	Print Name
Title	Title
Date	Date