

**DRIVE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES
FINAL REPORT FORM**



**Missouri State Council
Knights of Columbus**

TO: Ralph P. Cupelli
Columbian Charities Treasurer
6 Circle Drive
Kirksville, MO 63501

FROM: Council Number _____
Council Name _____
Address _____
City _____ Zip _____
Date _____ 20 _____

Cases of Tootsie Rolls Purchased _____ Cases Used _____

- 1. Total revenue received before deductions \$ _____
- 2. Cost of Tootsie Rolls \$ _____
- 3. Promotional Expense \$ _____
- 4. Miscellaneous Expense \$ _____
- 5. Total Cost (add lines 2, 3 and 4)..... \$ _____
- 6. Net proceeds (deduct line 5 from line 1) \$ _____
- 7. **Amount remitted** (line 6 or larger amount) \$ _____

Within 30 days after completion of the drive, this final report must be completed and distributed as indicated at the bottom of this form. Include with the White Copy a check with your net (or more) payable to: COLUMBIAN CHARITIES OF MISSOURI, INC.

50% of the net proceeds will be credited to the council to use for council supported Developmental Disabilities projects by filing a Disbursement Request Form. Remember funds can only be disbursed to Developmental Disabilities programs which have a tax exempt status.

Council disbursement funds may be requested once the net proceeds have been mailed to the Treasurer. These funds should be requested as soon as possible after the fund raising drive and no later than June 30th of the fraternal year in which they were raised.

Sign: _____ Grand Knight

Sign: _____ Developmental Disabilities Drive Chairman

Mail white copy and check to:
RALPH P. CUPELLI
Columbian Charities Treasurer
6 Circle Drive
Kirksville, MO 63501

**Retain pink copy
for council files**

Mail yellow copy to:
JOHN MAUTINO
Community Activities Director
2317 SW Pheasant Trail
Lee's Summit, MO 64082