REPORT

KNIGHTS OF COLUMBUS

THIS REPORT TO BE FILLED OUT IMMEDIATELY
AFTER FUND DRIVE COMPLETION.

Kansas State Council
Tootsie Roll Program
Helping People With
Intellectual Disabilities

Date: _____

Council Name: _____ Number: _____

Grand Knight: _____

Address: _____

City: _____ State: _____ Zip: _____

Checks Will Be Sent To Grand Knight
Unless Otherwise Specified.

Total Case Ordered: _____

1. Total Proceeds Received from Tootsie Roll Program..... _____

2. Expenses:
   - Cost of Tootsie Rolls..... _____
   - Advertising..... _____
   - Misc. Expense (Aprons)..... _____

3. Total Line Number 2 Expenses..... $ 0.00

4. Net Amount From Tootsie Roll Programs To Be Distributed (Line 1 less Line 3)..... $ 0.00

RETURN ONE COPY OF THIS FORM TO STATE TREASURER WITH YOUR CHECK FOR THE NET AMOUNT (Line 4)
Make Checks Payable to:TOOTSIE ROLL PROGRAM FUND
Mail check to: State Treasurer Tom Schmeidler (6854 S. Greenwich Rd., Derby, KS 67037)

The State Council will return 80 percent of line 4, made payable to the center or school of your choice. The State Council will keep 20 percent of line 4 to be used in such state projects as the Kansas Special Olympics Basketball Tournament, Lake Mary Center, Holy Family Center and the Diocesan Reach Programs, etc.

5. **KANSAS STATE COUNCIL** (20% of Line 4) $ 0.00

6. **COUNCIL TO DISTRIBUTE 80% of LINE 4 AS FOLLOWS**

   A. _____ (Center for Intellectual Disabilities) _____ (City) _____

   B. _____ (Center for Intellectual Disabilities) _____ (City) _____

   C. _____ (Center for Intellectual Disabilities) _____ (City) _____

   D. _____ (Center for Intellectual Disabilities) _____ (City) _____

7. **TOTAL TO BE DISTRIBUTED** (Line 5 & 6 must equal line 4) $ 0.00

Signed: _____ Title: _____

Send Copies of Report to: 1) State Treasurer, 2) Commitment to Humanities Chairman, 3) Retain for Council Records

QUESTIONS CONCERNING THIS FORM CONTACT COMMITMENT TO HUMANITIES CHAIRMAN
AT HUMANITIES@KANSAS-KOFC.ORG