



Financial Review

either for the period April 1, 20 ____ to September 30, 20 ____
or for the period October 1, 20 ____ to March 31, 20 ____

Total membership on your records as of September 30 or March 31 was _____

COURT NAME _____ COURT # _____ CITY _____ STATE _____

1. Total amount paid out by check for **Religious, Charitable, and Educational purposes.** Total \$ _____
Include amounts paid to National Office and State Court for these purposes.

2. Paid to National Court:

National Dues, Assessments and Insurance \$ _____
Supplies, Jewelry and Gift Items \$ _____
Paraphernalia (robes, banner, flags) \$ _____
Other (specify) _____ \$ _____ Total \$ _____

3. Paid to State Court:

State Dues and Assessments \$ _____
Special State Court Projects \$ _____ Total \$ _____

FUND BALANCES

LAST REPORT

CURRENT REPORT

CHECKING ACCOUNT \$ _____ \$ _____
SAVINGS ACCOUNT \$ _____ \$ _____
MASS FUND \$ _____ \$ _____
MONEY MARKET ACCOUNTS \$ _____ \$ _____
CD'S \$ _____ \$ _____
TREASURY ACCOUNTS \$ _____ \$ _____
OTHER FUNDS (SPECIFY)
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____

TOTAL CURRENT FUNDS OF COURT \$ _____

We, the undersigned Financial Review Committee of the Court hereby certify that we have reviewed the Court books, examined and checked the bank accounts and that the foregoing report is a true and correct statement of the funds of this Court.

Signature of District Deputy/State Representative if present: _____

Signatures of Financial Review Committee

- 1. _____
- 2. _____
- 3. _____

** District Deputy/State Representative must be present for at least one (1) Financial Review per year.*

RETAIN a copy for Court files

Send **Original Form** to National Office:
Catholic Daughters Of The Americas
10 West 71st Street, New York, NY 10023

Send **a copy** to:
Your State Regent, your State Secretary
your District Deputy **or** your State Representative

Report should be returned to appropriate designations by November 1 or May 1 of the current year.