

**COMMITTEE FUNDRAISING/EVENT REPORT FORM
FOR OKLAHOMA ETHICS COMMISSION**

Event Start Date: _____ Event End Date: _____

Facility: _____

Address: _____

Mailing Address: _____

Committee Name: _____

Chairperson Name: _____

Email: _____ Phone: _____

Treasurer Name: _____

Email: _____ Phone: _____

List of Donations and Contributors

(Addresses are not required for current, retired or former ODOC employees)

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: <input type="checkbox"/> Monetary <input type="checkbox"/> In-kind	Monetary Value:
Description:	

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: <input type="checkbox"/> Monetary <input type="checkbox"/> In-kind	Monetary Value:
Description:	

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**Committee Fundraising/Event Report Form
Balance Sheet**

Beginning Balance _____
add Registration Fees _____
add Total Cash Donations _____
subtract General Expenditures _____
ENDING BALANCE _____

Total of Non-monetary/In-kind contributions: _____

(R 12/21)