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: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

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: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

Name of Contributor:	
Occupation:	Employer:
Address:	
City/State/Zip:	
Type of donation: ☐ Monetary ☐ In-kind	Monetary Value:
Description:	

Committee Fundraising/Event Report Form
General Expenditures

Date	Goods/Services Purchased	Business Name/Address	Total

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)