

Affidavit of Distribution of Proceeds from Annual Event



Tre Hargett
Secretary of State

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2555
Fax: 615-253-5173
sos.tn.gov/charitable

For Office Use Only

Instructions: Please print clearly. This form must be signed before a notary by the President, Chair Person, or Chief Administrative Officer and filed with the Financial Accounting Report.

1. Name of Organization: _____

2. Physical Address: _____

3. I, _____, as _____

(Print Name)

(Title)

of the above named organization, do hereby certify and affirm that the organization has expended or earmarked the gross proceeds from the annual event less allowable expenses to the charitable programs or purpose described in the organization's application to conduct an Annual Event.

Signatures: I declare that the above statements are true and correct to the best of my knowledge and belief.

Signature of Principal Officer or Authorized Representative: _____

Salutation: _____

First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____

Notary Public

My Commission Expires _____

State of Tennessee, County of _____

Sworn to before me this _____ day of _____, 20 _____

Signature _____