$\qquad$
$\qquad$
$\qquad$
$\qquad$

Total membership on your records as of September 30 or March 31 was
COURT NAME $\qquad$ Court \# $\qquad$ City $\qquad$ State $\qquad$
Day of the month court meeting is held

1. Total amount paid out by check for Religious, Charitable, and Educational purposes

Total \$ $\qquad$
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)

## 3. Paid to State Court:

State Dues and Assessments
Special State Court Projects
\$ $\qquad$
$\$$ $\qquad$
\$ $\qquad$
\$ $\qquad$
$\$$
\$

Total \$ $\qquad$

Total \$ $\qquad$

## CHECKING ACCOUNT <br> SAVINGS ACCOUNT <br> MASS FUND <br> MONEY MARKET ACCOUNTS <br> CD'S <br> TREASURY ACCOUNTS <br> OTHER FUNDS (SPECIFY)

$\qquad$

CURRENT REPORT
\$
$\$$
$\$$
$\$$
\$
$\qquad$
\$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
\$
\$ $\qquad$

TOTAL CURRENT FUNDS OF COURT \$ $\qquad$
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:

> * 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

Signatures of Financial Review Committee
1.
2. $\qquad$
3. $\qquad$
4. Date Financial Review was Completed: $\qquad$
Send a copy to:
Your State Regent, your State Secretary, your District Deputy or your State Representative

