

# JJIBC-E5 - Annual Fundraising Report

## JJIBC-E5 - MSAD #35 Annual Fundraising Report

This form and the attached required documents are **due BY JUNE 30<sup>th</sup>** summarizing the **previous school year**.

**MSAD 35 Approved Group:** \_\_\_\_\_ **Tax ID/EIN #** \_\_\_\_\_ **Report Year:** \_\_\_\_

President: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel #: \_\_\_\_\_

V-President: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel #: \_\_\_\_\_

Secretary: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel #: \_\_\_\_\_

Treasurer: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel #: \_\_\_\_\_

Person completing this report: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_

Mailing address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

1. Beginning Balance July 1, 20 \_\_\_\_ : \$ \_\_\_\_\_

2. Total Funds Received during Year: \$ \_\_\_\_\_

3. Total Expenditures during Above Report Year: \$ \_\_\_\_\_

4. Ending Balance June 30, 20 \_\_\_\_ : \$ \_\_\_\_\_

**~Please fill out reverse side to complete report~**

Name of financial institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized signatories: \_\_\_\_\_

Current balance: \$ \_\_\_\_\_ Insurance company: \_\_\_\_\_

\*We are requesting permission to charge a fee to students/families for booster membership.\*

\*If booster fee cannot be paid, membership(s) will NOT be affected in any way

Fee Amount/Student	Purpose

Please list additional names and contact information (email and/or phone) of other officers of your group:

Name	Phone	Email

Other information you feel as necessary to share:

The Athletic Administrator, or Principals' designee, will hold two (2) informational meetings each school year to review current Board Policies, procedures, and rules that govern the MSAD 35 Booster Groups & PTO's.

**Please return the completed form to the Director of Athletics and Student Activities.**

**Email:** [rich.buzzell@rsu35.org](mailto:rich.buzzell@rsu35.org) **or Fax:** 207-384-4508.

RECEIPT SUMMARY (Funds Received): JJIBC-E5 - *Continued*, Page 2

Activity	Funds Received
. _____	_____
. _____	_____
. _____	_____

[illegible]

Total Funds Received \_\_\_\_\_

## EXPENDITURE SUMMARY (All expenses) Expense Listing

Expenditures \$

[illegible]

**Total Expenditures** \_\_\_\_\_

**Net Income/Loss:** \_\_\_\_\_

**I affirm that the above information is true to the best of my knowledge.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Required attachments for the "Annual Report": (a) A copy of the group's by-laws or description of the organizational structure; (b) A description of the group's accounting practices (including more than one person responsible for counting funds received and monitoring deposits and withdrawals from bank accounts, and periodic audits; (c) A copy of the group's budget for the school year; (d) A list of proposed fundraising activities and estimate of funds to be raised (fundraising calendar - Appendix 2); (e) A list of proposed expenditures in direct support of the school and/or student team, club or sport; (f) electronic minutes of all booster meetings must be forwarded to Athletic Administrator (Appendix 3).

Form Revised: April 27, 2022

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Revision #1

Created 3 October 2022 15:03:33 by Elaine Robinson

Updated 16 March 2023 17:44:10 by Elaine Robinson