

**QUARTERLY FINANCIAL REPORT**

Complete and submit the following information no later than thirty days after the end of the quarter reported:

- 1. Name of Organization: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_
- 4. State the date your financial report is due to the Division: \_\_\_\_\_
- 5. Indicate the quarter for which this report is being submitted:  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter
- 6. State your permit number: \_\_\_\_\_
- 7. State the gross amount of contributions received during this quarter: \_\_\_\_\_
- 8. State the amount of contributions disbursed or to be disbursed during this quarter to each charitable organization or charitable purpose represented: \_\_\_\_\_
- 9. State the total amount paid during this quarter to any professional fund raiser: \_\_\_\_\_  
 \_\_\_\_\_
- 10. State the amounts spent during this quarter for overhead, expenses, commissions, and similar purposes :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11. State the name(s) and address(es) of any professional fund raiser used by the organization during this quarter: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned certifies that the information provided herein is true and correct.

DATED: \_\_\_\_\_

ORGANIZATION:

BY \_\_\_\_\_  
ITS

Please return the completed quarterly financial report to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
SM Box 146704  
Salt Lake City, Utah 84114-6704