

STATE OF TENNESSEE



AFFIDAVIT OF DISTRIBUTION OF PROCEEDS FROM ANNUAL EVENT

Department of State
Division of Charitable Solicitations and Gaming
312 Rosa L. Parks Avenue
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

Please print clearly. This form must be signed before a notary by the President, Chair Person, or Chief Administrative Officer AND Secretary 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.

Print Name _____ Title: _____
(President, Chairperson or Chief Administrative Officer)

Signature: _____ Date: _____

Print Secretary's Name: _____ Secretary's Signature: _____

Notary Seal

State of Tennessee)

County of _____)

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

Notary Public

My Commission Expires: _____