

OFFICE USE ONLY

**COMMITTEE OF CONTINUOUS EXISTENCE
FINANCIAL STATEMENT
(CERTIFICATION ONLY)**

(PLEASE TYPE)

Committee Name and Address _____

BALANCE as of _____ , _____
Month/Day Year

INCOME

Membership dues or assessments (12 months) _____

Contributions _____

Interest on accounts _____

Other (refunds, etc.) _____

TOTAL INCOME: _____ , _____
Month/Day Year

EXPENSES

Contributions to candidates and committees _____

Office expenses and operating costs _____

Administrative costs (if any) _____

Other (please list) _____

Month/Day Year

BALANCE as of _____ , _____
Month/Day Year

SUBMITTED BY _____
Signature Title Date