

Part I

**Minnesota State Council
Knights of Columbus**
Mail to: Dan Irvin,
13920 Sunnyslope Dr
Maple Grove, MN 55311-3410

**2022 REPORT FORM
TOOTSIE ROLL PROGRAM FOR PEOPLE
WITH INTELLECTUAL DISABILITIES**

___ID22-___

FROM _____ (GRAND KNIGHT) DIST.# _____
COUNCIL NAME _____ No. _____
City _____ Zip _____
Date _____ 20 _____

We have participated in the Tootsie Roll Intellectual Disabilities Program. Our Council ordered _____ cases. We distributed _____ cases.

Council will be charged for cases not used for ID program. This will be a separate billing. Monies will not be deducted from the revenue collected. We suggest that you keep the candy not dispensed. Use the leftover candy for a project such as youth, community, or at a parade or store it in a cool, dry place and use first next year.

Total revenue collected \$ _____ Number of volunteer hours _____
(Send entire amount collected in drive)

**MAKE MONEY ORDER OR CASHIER'S CHECK PAYABLE TO: Minnesota Knights of Columbus
MAIL FORM ALONG WITH YOUR CHECK FOR THE FULL AMOUNT.**

Parts I and II of this report must be completed, Parts III and IV should be left blank, and the entire form should be mailed with a cashiers check for the **FULL AMOUNT OF REVENUE COLLECTED by MAY 10th. THIS IS IMPORTANT!**

Questions? Contact Chairman Dan Irvin at (612) 618-4698 or Email: danirvin13@yahoo.com
(Retain a copy for council records.)

Part II

Our Council plans to donate its share of the revenue to: (indicate name and percentage each is to receive)
List name & number exactly as it appears on approved recipient list.

Recipient Number	Recipient Name:	%
1. 5260	State Council Fall Bowling for Special Olympics (Suggested 15%)	
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
Total %		

Part IV

For office only-Do not fill out

AMOUNT	CHECK NO.
<input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part III

Date _____ **For Office Only – Leave This Area Blank**

Total Revenue Received	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Minus Miscellaneous Expenses	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Minus Cost of Tootsie Rolls	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Balance Remaining	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

_____ cases
of candy retained

\$ _____

**Amount Council owes
for retained candy.**