

INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

SECOND QUARTER

Ohio Civil Service Employees Association
 390 Worthington Rd. Suite A
 Westerville, OH 43082-8331

Intermediate Body Number _____
 For the Quarter Ending _____
 Dates of Meetings _____

Chapter # _____

(614) 865-4731
 (800) 969-4702 Ext 4731

Exec Brd _____
 Member _____
 Exec Brd _____
 Member _____
 (Include Copies of all Minutes)

Name of Intermediate Body: _____

BALANCE AS OF THE 1ST DAY OF THE QUARTER (1) \$ _____
 (Line #5 of Last Quarter's Statement)

INCOME

APRIL TOTAL (See attached reports) \$ -
 MAY TOTAL \$ -
 JUNE TOTAL \$ -

TOTAL DEPOSITS (2) \$ _____

EXPENSES

APRIL TOTAL (See attached reports) \$ -
 MAY TOTAL \$ -
 JUNE TOTAL \$ -

TOTAL NON-CHARGEABLE _____ TOTAL EXPENSES (3) \$ _____

BALANCE AS OF QUARTER'S END (4) \$ _____
 Line (1) Plus Line (2) Minus Line (3)

ACCOUNT BALANCES

Include Copies of all Bank Statements

ACTUAL CHECKING ACCOUNT BALANCE _____
 ACTUAL SAVING ACCOUNT BALANCE _____
 OTHER (SPECIFY) MM _____
 TOTAL \$ _____

OUTSTANDING CHECKS (5) \$ _____

Should equal difference bank balance and
 Chap/Dist/Assy balance

Prepared by: _____

 (Treasurer's Signature)

 (President's Signature)

I certify that, to the best of my knowledge, all items in this statement are true and correct.

Name _____ Name _____
 Address _____ Address _____

Zip _____ Zip _____
 Phone: Home _____ Work: _____ Phone: Home _____ Work: _____

Bank Information

Checking Account # _____ Bank Name _____
 Savings Account # _____ Address _____

Outstanding Check List

Check # _____ Amount _____ Payee _____

Chapter _____	Approved at _____	Meeting _____					
Date							
<u>Treasurer's Report for the Month of April, 201</u>							
Beginning Balance						_____	-
Income:							
<u>Date</u>	<u>Bank Account</u>	<u>Source</u>			<u>Amount</u>		
Total						_____	-
Expenses:							
<u>Date</u>	<u>Check #</u>	<u>Issued To:</u>	<u>Purpose</u>	<u>Description/Event</u>	<u>Amount</u>	*****	<u>Cleared</u>
Total Expenses						_____	-
Balance @ End of Month						_____	-
Signature: _____				Treasurer - Date _____			
<small>****All items must be marked either C for Chargeable or N for Non-Chargeable to Fair Share Fee Payors.</small>							

Chapter _____ Approved at _____ Meeting _____

Treasurer's Report for the Month of May, 201 ^{Date}

Beginning Balance _____ -

Income:

Date Bank Account Source Amount

Total _____ -

Expenses:

Date Check # Issued To: Purpose Description/Event Amount ^{*****} C/N Cleared

Total Expenses _____ -

Balance @ End of Month _____ -

Signature: _____ Treasurer - Date _____

****All items must be marked either C for Chargeable or N for Non-Chargeable to Fair Share Fee Payors.

Chapter _____ Approved at _____ Meeting

Treasurer's Report for the Month of June, 201^{Date}_____

Beginning Balance

_____ -

Income:

<u>Date</u>	<u>Bank Account</u>	<u>Source</u>	<u>Amount</u>
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Total

_____ -

Expenses:

<u>Date</u>	<u>Check #</u>	<u>Issued To:</u>	<u>Purpose</u>	<u>Description/Event</u>	<u>Amount</u>	<u>C/N</u>	<u>Cleared</u>
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Total Expenses

_____ -

Balance @ End of Month

_____ -

Signature: _____ Treasurer - Date _____

****All items must be marked either C for Chargeable or N for Non-Chargeable to Fair Share Fee Payors.