

# INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

## FIRST QUARTER

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

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

Intermediate Body Number \_\_\_\_\_  
For the Quarter Ending \_\_\_\_\_  
Dates of Meeting: Exec Brd \_\_\_\_\_  
Member \_\_\_\_\_  
Exec Brd \_\_\_\_\_  
Member \_\_\_\_\_

Name of Intermediate Body: \_\_\_\_\_

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

### INCOME

JANUARY TOTAL (See attached reports) \$ -  
FEBRUARY TOTAL \$ -  
MARCH TOTAL \$ -

**TOTAL DEPOSITS** (2) \$ -

### EXPENSES

JANUARY TOTAL (See attached reports) \$ -  
FEBRUARY TOTAL \$ -  
MARCH 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**

CHECKING ACCOUNT BALANCE \_\_\_\_\_  
SAVING ACCOUNT BALANCE \_\_\_\_\_  
OTHER (SPECIFY) \_\_\_\_\_  
LESS OUTSTANDING CHECKS \_\_\_\_\_

(5) \$ -

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 \_\_\_\_\_  
Address \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_  
Date Elected \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Zip \_\_\_\_\_

### **Bank Information**

Checking Account # \_\_\_\_\_  
Savings Account # \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_

Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_  
Date

**Treasurer's Report for the Month of January, 201** \_\_\_\_\_

**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>	<small>*****</small> <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.



Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_  
Date

**Treasurer's Report for the Month of March, 201** \_\_\_\_\_

**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>	<small>*****</small> <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.

# 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: Exec Brd \_\_\_\_\_  
 Member \_\_\_\_\_  
 Exec Brd \_\_\_\_\_  
 Member \_\_\_\_\_

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

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

CHECKING ACCOUNT BALANCE			
SAVING ACCOUNT BALANCE	\$	-	
OTHER (SPECIFY)			

(5) \$ -

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: _____
Date Elected _____	

### Bank Information

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









Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_

Date

**Treasurer's Report for the Month of July, 201** \_\_\_\_\_

**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.



Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_

Date

**Treasurer's Report for the Month of September, 200**

**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.

# INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

## FOURTH 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 Exec Brd  
 Member  
 Exec Brd  
 Member

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

Name of Intermediate Body: \_\_\_\_\_

### BALANCE AS OF THE 1ST DAY OF THE QUARTER

(1) \$ -

(Line #5 of Last Quarter's Statement)

### INCOME

October Total	(See attached reports)	\$	-
November Total		\$	-
December Total		\$	-

TOTAL DEPOSITS (2) \$ -

### EXPENSES

October Total	(See attached reports)	\$	-
November Total		\$	-
December Total		\$	-

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

### BALANCE AS OF QUARTER'S END

Line (1) Plus Line (2) Minus Line (3) (4) \$ -

### ACCOUNT BALANCES

CHECKING ACCOUNT BALANCE	\$	-
SAVING ACCOUNT BALANCE	\$	-
OTHER (SPECIFY)		

(5) \$ -

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: _____	
Date Elected _____	

### Bank Information

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

Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_

Date

**Treasurer's Report for the Month of October, 201**

**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.

Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_

Date

**Treasurer's Report for the Month of November, 201** \_\_\_\_\_

**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>	<small>*****</small> <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.

