

#38

COMPLETE

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Q1 Chapter Name:

National Capital Area Chapter

Q2 EIN Number:

521204199

Q3 Preparer's Name:

David Reed

Q4 Preparer's Email:

David.Reed@PubAdmin.org

Q5 For fiscal year ending:

**January 1 to December 31,
2017**

Q6 Reviewer 1:

Sally Jaggar

Q7 Date Reviewed:

01/17/2018

Q8 Reviewer 2:

Judy England-Joseph

Chapter Report

Q9 Date Reviewed:

01/17/2018

Q10 This report must be approved by the Chapter leadership and distributed to the Chapter membership.

Membership Distribution Date **01/28/2018**

Page 2: Electronic Funds Transfer Authorization Form

Q11 Do you want to enroll in electronic funds transfer services?

No (skip to next page)

Q12 Authorized signature:

Respondent skipped this question

Q13 Date:

Respondent skipped this question

Q14 Financial institution:

Respondent skipped this question

Q15 Branch:

Respondent skipped this question

Q16 City:

Respondent skipped this question

Q17 State, Zip:

Respondent skipped this question

Q18 Routing #:

Respondent skipped this question

Q19 Account #:

Respondent skipped this question

Page 3: Financial Information

Q20 Please indicate the accounting method used:

Cash

Q21 Assets (Actuals)

Cash

\$19,551.87

Total Assets

\$19,551.87

Q22 Notes/Comments

Respondent skipped this question

Chapter Report

Q23 Revenue (Proposed)

Respondent skipped this question

Q24 Revenue (Actuals)

Rebates	\$2,416.00
Interest	\$1.96
Total Revenue	\$2,417.96

Q25 Notes/Comments

Respondent skipped this question

Q26 Expenses (Proposed)

Respondent skipped this question

Q27 Expenses (Actuals)

Printing	\$86.97
Postage	\$136.00
Chapter Meetings	\$1,146.88
Awards	\$90.95
Web maintenance	\$385.00
Misc.	\$634.00
Total Expenses	\$2,479.80

Q28 Notes/Comments

Respondent skipped this question

Q29 What is your ending balance?

\$19,551.87

Chapter Report

Q30 By submitting this form, we the Chapter President and Treasurer (or authorized representative), certify and understand: any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter. payment of membership dues will be withheld from the Chapter in the event of noncompliance with reporting requirements or non-acceptance of said reports by the Executive Director, non-member officers or membership programs in violation of ASPA's constitution or Council-adopted policy. any amounts due to the national organization for a period exceeding 90 days will be deducted from the next regularly scheduled rebate of any Chapter with such outstanding debt. We further certify that we will: submit any contract in an amount exceeding \$5,000 to ASPA's Executive Director for review and approval. not incur a liability or anticipate a liability in an amount exceeding \$5,000.

Yes, I have read the notice of understanding and agree with the terms mentioned above.

,
Chapter officer signature required: Enter full name, initials, title and date(Ex; Jane Smith, JS, Treasurer, MM/DD/YYYY):
David Reed, Treasurer,
01/28/2018