

NATIONAL CANDIDATE FUNDRAISING REPORT

DATE OF FUNDRAISER _____ TYPE OF EVENT _____

LOCATION _____ DISTRICT # _____

50-50 CASH RAFFLE

TICKET PRICES: 1/\$1, 6/\$5, 30/\$20

TOTAL COLLECTED \$ _____

2 PRIZES, EACH 25% OF TOTAL COLLECTED

WINNERS NAME _____ AMOUNT \$ _____

WINNERS NAME _____ AMOUNT \$ _____

TOTAL PROFIT \$ _____

MERCHANDISE RAFFLE (BASKETS, OTHER ITEMS)

TICKET PRICES: 1/\$1, 6/\$5, 30/\$20

ITEMS RAFFLED: _____

TOTAL COLLECTED \$ _____

WINNERS: _____

Please list any additional winners on the back of this page

RAFFLE TICKETS SOLD BY: _____

TOTAL AMOUNT FOR THIS EVENT: \$ _____

CASH DONATIONS

NAME: _____ AMOUNT: _____

NAME: _____ AMOUNT: _____

NAME: _____ AMOUNT: _____

Please list any additional cash donors on back of this page

TOTAL CASH DONATIONS: \$ _____

NAME OF PERSON SUBMITTING THIS FORM: _____

EMAIL: _____ PHONE: _____

**Please return this form within 3 days of event with a check to: ALA National Candidate Fundraiser
Send to: Diana Sirovina, 9428 W Eden Pl, Milwaukee, WI 53228**