## STATEMENT OF INCOME AND EXPENSES



NAME OF FILING ENTITY		
Total value of contributions from all sources (from box E on Sm-C-R)		
Interest income		
Total gross fundraising function income not reported as contributions (from box <b>E</b> on <b>Sm-F-R</b> )		
Other		
Total Income (sum of above 4 boxes)		<b>A</b>
Total value of recall or initiative expenses subject to limits (from box A on Sm-E-R)		
Total value of recall or initiative expenses not subject to limits (from box <b>B</b> on <b>Sm-E-R</b> )		
Total other expenses (from box C on Sm-E-R)		
Total Expenditures (sum of above 3 boxes)	E	3
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Surplus (Deficit) (A – B)		
Balance in bank account as of date of report		D
Balance in bank account as of date of report	1	D