



**AMERICAN LEGION AUXILIARY**

Department of California  
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**District #** \_\_\_\_\_  
**Unit #** \_\_\_\_\_  
**Poppies Ordered** \_\_\_\_\_  
**Prepaid** \_\_\_\_\_ **Owe** \_\_\_\_\_

**Poppy Financial Report - Year 2016-2017**

**Due June 1, 2017**

Complete and send this report and check(s) to the Department Office

**From Poppy Code 4.** Each Unit must file a Poppy Financial Report whether or not a profit was made. A Unit not distributing poppies must also file a report. Failure to comply shall disqualify a Unit from convention representation. (2001)

**Paying for Poppies at this Time:**

Check # \_\_\_\_\_ \$ \_\_\_\_\_

**10% of Receipts from Poppy Distribution** (A separate check must be issued.) (Use work space below to determine total.)

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Total amount received for poppies offered	\$ _____
Less cost at 18 cents each paid to Department	- _____ (No other expenses may be deducted)
Equals Net Receipts	_____
10% of Net (multiply net above by .10)	- _____ (Place this figure above)
90% of net retained by Unit	\$ _____

**Information Regarding Distribution**

Total Number of Poppy Workers \_\_\_\_\_ Seniors \_\_\_\_\_ Juniors \_\_\_\_\_ Others \_\_\_\_\_  
Total Offered \_\_\_\_\_ Total Held for Other Purposes \_\_\_\_\_

**Signatures (Must Be in Ink)**

\_\_\_\_\_  
Unit Poppy Chairman

\_\_\_\_\_  
Unit Treasurer

\_\_\_\_\_  
Unit President

\_\_\_\_\_  
Date

**One Copy: Mail to Department Office with Payment / 10% of Net**

**One Copy: Mail to Department Poppy Chairman:**  
**Kim Vincent**  
**250 Countryside Drive**  
**El Centro, CA 92243**  
**760-336-3058 / 619-807-8431**  
**Vincent1252@roadrunner.com**