Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 31, 2026

Program Year 2025 Club/Affiliate Name_____ Bank

Name_____ EIN_____ Account Number _____

Bank Address _____

Bank City/ST/Zip _____

Type of Account (select one): ____Checking ____Savings ____Other (please list) -_____

Who is authorized to sign your checks? (must have two names)

_____ _____

Beginning Account Balance as of Jan. 1 (should match bank statement) _____

Club/Affiliate Income (please list)

Description (fundraiser, dues, etc.)	**Amount**		**Description** (fundraiser, dues, etc.)	**Amount**
			Total Income	

Club/Affiliate Expenses

Description (books, program fees, etc.)	**Amount**		**Description** (books, program fees, etc.)	**Amount**
			Total Expenses (or use back to continue)	

Ending Account Balance as of Dec. 31 (should match bank statement) _____

Name of person completing form _____

Club/Affiliate Expenses, Continued

Description (books, program fees, etc.)	**Amount**		**Description** (books, program fees, etc.)	**Amount**
			Total Expenses	