

IN THE COUNTY COURT OF KANAWHA COUNTY, WEST VIRGINIA  
ANNUAL ACCOUNTING OF COMMITTEE

WARD: SOCIAL SECURITY #:  
PERIOD COVERED:

**ASSETS PER LAST ACCOUNTING:**

Please call this office for the amount(s) if you do not have a copy of the last accounting filed.

**TOTAL ASSETS: \$**

**RECEIPTS:**

Itemize interest or any other income received in your capacity as Committee with the date and amount

**TOTAL RECEIPTS: \$** \_\_\_\_\_

**DISBURSEMENTS:**

Itemize money authorized for expenditures with the date, amount and location the money was paid. Attach copies of receipts, canceled checks or other documentation.

**TOTAL DISBURSEMENTS: \$** \_\_\_\_\_

**ASSETS REMAINING:**

Itemize with a description of the asset(s), balance of the account(s) and attach proof.

**BALANCE: \$\_\_\_\_\_**

**VERIFICATION OF REPORT**

State of \_\_\_\_\_

County of \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, Committee for \_\_\_\_\_ Ward,  
do swear that the attached listing is true, correct and complete report of all receipts and  
disbursements made and that the assets being held, if any, are all that belong to the  
Ward.

\_\_\_\_\_  
Committee

Taken, subscribed and sworn to before me, the undersigned authority, this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public