

**KENTUCKY EMPLOYEES CHARITABLE CAMPAIGN  
SPECIAL EVENTS REPORT FORM**

Cabinet Payroll Code: \_\_\_\_\_

Office/Facility Name: \_\_\_\_\_ Cabinet/Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Date Held: \_\_\_\_\_

**TOTAL AMOUNT RAISED**

\$ \_\_\_\_\_

County Money Raised In: \_\_\_\_\_

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