

**REPORT ON PUBLIC DEPOSITS**

As of \_\_\_\_\_, \_\_\_\_\_

<b>1. From Depository:</b> <hr/> <hr/> <hr/> <hr/>	<b>2. To:</b>  Department of State Treasurer Banking Operations Section 325 North Salisbury Street Raleigh, NC 27603-1385			
<b>3. Public Depositors</b>	Average Demand Deposits	Actual Time Deposits	Demand Deposit Insurance	Time Deposit Insurance
A. For Account of the State Treasurer				
B. Participating Units (list each unit)				
Subtotal All participating Units				
C. Total All Public Deposits				
<b>4. I certify that this report is correct to the best of my knowledge and belief.</b>				
By: _____				
Authorized Signature	Title	Date		