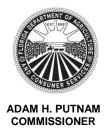
Florida Department of Agriculture and Consumer Services Division of Consumer Services



PROFESSIONAL SOLICITORS FINANCIAL REPORT OF CAMPAIGN

Solicitation of Contributions Act Chapter 496, Florida Statutes Rule 5J-7.012, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 Calling Outside Florida www.800helpfla.com • (850) 410-3804 Fax

Please return completed financial report to:

FDACS Solicitation of Contributions 2005 Apalachee Pkwy. Tallahassee, FL 32399-6500

This financial report of the campaign must be filed with the department and provided to the organization or sponsor within 45 days after a campaign has been completed and within 45 days after the anniversary of the commencement of a solicitation campaign lasting more than one year. [s. 496.410(8), F.S.]

Professional Solicitor Information	Charitable Organization Information			
Full legal name of professional solicitor:	Full Legal Name of the Charitable Organization or Sponsor for which the solicitation was conducted (as listed with the department):			
Street Address:	Street Address:			
City:	City:			
State: Zip Code:	State: Zip Code:			
FL Registration Number (solicitor):	FL Registration Number (organization or sponsor): CH-			
Telephone Number:	Telephone Number:			
Campaign Information				
Contract Number:	Campaign Number:			
Contract Period://// Report Type:	Campaign Period://// Reporting Period:			
Financial Information				
Gross revenue received (excluding uncollected pledges):	\$			
Net Proceeds retained by charitable organization or sponsor (gross revenue less amount paid to professional solicitor):	\$			
Percentage of funds retained by charitable organization or sponsor (amount retained by the charitable organization or sponsor divided by the gross revenue):	%			
Contract guaranteed minimum percentage to charitable organization or sponsor, if any:	%			

	Professional	Solicitor Expense Details	
Expenses: Professional Solicitor Fees Salaries, Wages, Commissions Promotional Fees Show of Performance Fees Security Printing Postage Telephone	\$	Insurance Supplies Licenses, Permits Bank Charges Advertising (Employment) Other (Please Itemize Below)	•
Rent Utilities	c		.
Total Expen	ses: \$		
		Certification	
I,	, am	n the	
of			
	Name of Profes	ssional Solicitor	
and further state as follows: (Please	e check all that apply)		
☐ I have read the foregoing re	port and know the c	contents thereof;	
This report is made for the p	urpose of complying	g with the provisions of Chapter 496, Flo	rida Statutes; the Solicitation o
All contributions were in the account within two days of r		able organization and deposited into the o	charitable organization's bank
I certify that I am authorized to comp	olete this financial re	eport and that the information provided is	true and accurate.
Signature		Printed Name	
()			
Telephone Number	_	Email Address	