



WILTON SIMPSON
COMMISSIONER

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
www.FDACS.gov • (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

Full legal name of professional solicitor:

Street Address:

City:

State: _____ Zip Code: _____
FL Registration Number (solicitor):
SS- _____
Telephone Number:
(_____) _____ - _____

Charitable Organization Information

Full Legal Name of the Charitable Organization or
Sponsor for which the solicitation was conducted
(as listed with the department):

Street Address:

City:

State: _____ Zip Code: _____
FL Registration Number (organization or sponsor):
CH- _____
Telephone Number:
(_____) _____ - _____

Campaign Information

Contract Number:

Contract Period:
____ / ____ / ____ - ____ / ____ / ____
Report Type:

Campaign Number:

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 | \$ | <hr/> | Insurance | \$ | <hr/> |
| Salaries, Wages, Commissions | \$ | <hr/> | Supplies | \$ | <hr/> |
| Promotional Fees | \$ | <hr/> | Licenses, Permits | \$ | <hr/> |
| Show of Performance Fees | \$ | <hr/> | Bank Charges | \$ | <hr/> |
| Security | \$ | <hr/> | Advertising (<i>Employment</i>) | \$ | <hr/> |
| Printing | \$ | <hr/> | Other (<i>Please Itemize Below</i>) | | |
| Postage | \$ | <hr/> | <hr/> | \$ | <hr/> |
| Telephone | \$ | <hr/> | <hr/> | \$ | <hr/> |
| Rent | \$ | <hr/> | <hr/> | \$ | <hr/> |
| Utilities | \$ | <hr/> | <hr/> | \$ | <hr/> |

Total Expenses: \$

Certification

I,

 , am the

name *Title*
of

Name of Professional Solicitor

and further state as follows: (*Please check all that apply*)

- I have read the foregoing report and know the contents thereof;
- This report is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes; the Solicitation of Contributions Act; and
- All contributions were in the name of the charitable organization and deposited into the charitable organization's bank account within two days of receipt.

I certify that I am authorized to complete this financial report and that the information provided is true and accurate.

| | | |
|---|----------------------|-------------|
| <hr/> | <hr/> | <hr/> |
| <i>Signature</i> | <i>Printed Name</i> | <i>Date</i> |
| (<hr style="display: inline-block; width: 40px; vertical-align: middle;"/>) <hr style="display: inline-block; width: 100px; vertical-align: middle;"/> - <hr style="display: inline-block; width: 100px; vertical-align: middle;"/> | <hr/> | |
| <i>Telephone Number</i> | <i>Email Address</i> | |