

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



**PROFESSIONAL SOLICITORS
FINANCIAL REPORT OF CAMPAIGN**

Solicitations of Contributions Act
Chapter 496, Florida Statutes
5J-7.008

Please return completed application to:

FDACS
Terry Lee Rhodes Building
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

ADAM H. PUTNAM
COMMISSIONER

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

This financial report of the campaign must be filed with the Department and provided to the organization or sponsor within ninety days after a campaign has been completed and on the anniversary of the commencement of a solicitation campaign lasting more than one year. [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:

Period:
___ / ___ / ___ - ___ / ___ / ___

Report Type:

Campaign Number:

Period:
___ / ___ / ___ - ___ / ___ / ___

Report Type:

Financial Information

Gross Revenue (excluding uncollected pledges): \$ _____

Total Amount of Uncollected Pledges: \$ _____

Net Proceeds: \$ _____

Amount Retained by Charitable Organization or Sponsor: \$ _____
(amount retained by the charitable organization or sponsor divided by the gross revenue)

Expense Details

Expenses:

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

Total Expenses: \$ _____

Affidavit

State of: _____

County of: _____

I, _____, having first made due oath or affirmation, say that
Name

I am the _____ of _____
Title *Name of Professional Solicitor*

and further state that:

1. I am the individual who has completed the foregoing Financial Report of Campaign form;
2. I have read the foregoing Notice and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and
4. This Notice is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes; The Solicitation of Contributions Act.

Signature

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, _____,

by _____, **who is personally known to me or who has produced**
_____ **as identification.**

SEAL/STAMP

Notary Public Signature

Notary Public Name, Please Print