OFFICE OF THE INDIANA ATTORNEY GENERAL

5th Floor - Indiana Government Center South

302 West Washington Street

Indianapolis, IN 46204

**PROFESSIONAL SOLICITOR CAMPAIGN FINANCIAL REPORT**

|  |  |
| --- | --- |
| Professional Solicitor’s name: |   |
| Person to contact regarding this report: |   |
| Telephone number of contact person: |   |

GENERAL INSTRUCTIONS

1. Answer all items completely. Do not leave questions blank. This form must comply with

Indiana Code § 23-7-8-1 *et seq*. and 11 IAC 3-1 *et seq*.

2. This form must be filed with the Consumer Protection Division within ninety (90) days from the ending date of the charitable solicitation campaign and within ninety (90) days after the anniversary of the commencement of a solicitation campaign lasting more than one (1) year. *See* Indiana Code § 23-7-8-2(f). Extra copies of this form can be downloaded at [www.state.in.us/attorneygeneral/consumer/charityfundraisers.html.](http://www.state.in.us/attorneygeneral/consumer/charityfundraisers.html)

**REPORT**

1. Name of the charitable organization:

2. Type of report (check one below): Anniversary:

End of Campaign:

3. Beginning and ending dates of the campaign:

Begin / /

End / /

4. If an anniversary report, the beginning and ending dates of the reporting period:

Begin / /

End / /

**Do not use correction fluid or tape on tables or dates. The answer to Item #5  *must*** ***be* the sum of answers to Items #6 + 7 + 8.**

|  |  |  |
| --- | --- | --- |
| 5. | The total gross amount of money raised by the professionalsolicitor and the charitable organization from donors: |  |
| 6. | The total amount of money paid to or retained by theprofessional solicitor: |  |
| 7. | The total amount of money, not including the amountidentified in item 6, paid by the charitable organization as expenses as part of the solicitation campaign: |  |
| 8. | The total amount of money paid to or retained by thecharitable organization after the amounts identified in items 6 and 7 are deducted from the amount identified in item 5: |  |

**(The following is to be signed by an officer of the charitable organization.)**

Beginning and ending dates of this reporting period: / / - / / .

I certify that the information stated herein is true and complete to the best of my knowledge.

Date Signed Name of Charitable Organization

By: (Signature)

(Printed Signature) (Title)

(Charity Address)

(Charity City, State & Zip)

(Telephone) (Telefax number, if applicable)

STATE OF

COUNTY OF

NOTARY

)

) SS:

)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this

day of

My Commission Expires:

, 20 .

County of Residence:

Signature of Notary Public

(Printed Signature)

Beginning and ending dates of this reporting period: / / - / / .

I affirm under the penalties for perjury that the foregoing representations are true and accurate.

Date Signed Name of Registrant

By: (Signature)

(Printed Signature) (Title)

NOTARY

STATE OF

COUNTY OF

)

) SS:

)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this

day of

, 20 .

My Commission Expires:

County of Residence:

Signature of Notary Public

(Printed Signature)

File with: Office of the Indiana Attorney General

Consumer Protection Division

Attn: Fundraiser Registration

5th Floor - Indiana Government Center South

302 West Washington Street

Indianapolis, IN 46204-2770