



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

NICOLE "NIKKI" FRIED
COMMISSIONER

**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>	