

Janet T Mills

Governor

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION **Charitable Solicitations Act** 35 state house station

AUGUSTA, MAINE 04333-0035

Joan F Cohen Commissioner

CHARITABLE ORGANIZATION

ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE) Report Solicitations for Previous Fiscal Year

| CHARITABLE ORGANIZATION INFORMATION (please print) | | | | |
|--|--------------------------|--|--|--|
| NAME OF CHARITABLE ORGANIZATION | | | | |
| LICENSE #: CO | | | | |
| MAILING ADDRESS | | | | |
| CITY STATE | ZIP | | | |
| PHONE # () FAX # () | E-MAIL: | | | |
| Fiscal Year:From:mm /dd/yyyy | To: mm /dd/yyyy | | | |
| Dates of Fundraising Campaign: From: mn | Iddlyyyy To: mm/ddlyyyy | | | |
| Total dollar amount raised from contributions from | this campaign: \$ | | | |
| Dates of Fundraising Campaign: From: mn | Iddlyyyy To: mm Iddlyyyy | | | |
| Total dollar amount raised from contributions from this campaign: \$ | | | | |
| | | | | |
| Dates of Fundraising Campaign:From:Total dollar amount raised from contributions from | | | | |
| | | | | |
| | Iddlyyyy To: mm/ddlyyyy | | | |
| Total dollar amount raised from contributions from | this campaign: \$ | | | |
| COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR | | | | |
| Total dollar amount raised from contributions for the Fiscal Year: \$ | | | | |
| | | | | |
| Did the organization contract with a Professional Solicitor? Yes No If yes, complete page | | | | |
| 2. The Professional Solicitor must be licensed in Maine. | | | | |
| By my signature, I hereby certify that the information provided on this annual fund-raising activity report is true and accurate to the best of my knowledge and belief. | | | | |
| Name (Printed or Typed) Title (Printed or Typed) | | | | |

Rev 8/1/14

Signature:

Date:

CHARITABLE ORGANIZATION

ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE) Report Solicitations for Previous Fiscal Year

PHOTOCOPY AS NEEDED

| NAME OF PROFESSIONAL SOL | ICITOR | | |
|--|-------------------------------|---------|------------------------------|
| LICENSE #: PS | | | |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | |
| PHONE # () FAX # | () | E-MAIL: | |
| Dates of Fundraising Campaign: | From: mm/dd/yyyy | To: | mm / dd / yyyy |
| Total dollar amount raised from co | ontributions from this campa | ign: | \$ |
| Total dollar amount retained by pr | ofessional solicitor for camp | aign: | \$ |
| | · | - | · |
| NAME OF PROFESSIONAL SOL | ICITOR | | |
| LICENSE #: PS | | | |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | |
| PHONE # () FAX # | () | E-MAIL: | |
| Dates of Fundraising Campaign: | From: mm/dd/yyyy | To: | mm Iddlyyyy |
| Total dollar amount raised from contributions from this campaign: \$ | | | |
| Total dollar amount retained by pr | ofessional solicitor for camp | aign: | \$ |
| | | | |
| NAME OF PROFESSIONAL SOL | ICITOR | | |
| LICENSE #: PS | | | |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | |

 PHONE # ()
 FAX # ()
 E-MAIL:

 Dates of Fundraising Campaign:
 From: mm/dd/yyyy
 To: mm/dd/yyyy

 Total dollar amount raised from contributions from this campaign:
 \$

 Total dollar amount retained by professional solicitor for campaign:
 \$

| Total dollar amount raised from contributions for the Fiscal Year: | \$ |
|---|----|
| Total dollar amount retained by professional solicitor for the Fiscal Year: | \$ |