

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:	\$