



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

Janet T Mills
Governor

Joan F Cohen
Commissioner

PROFESSIONAL SOLICITOR

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

PROFESSIONAL SOLICITOR INFORMATION (please print)		
NAME OF PROFESSIONAL SOLICITOR		
LICENSE #: PS		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ()	FAX # ()	E-MAIL:
Fiscal Year:	From: mm/dd/yyyy	To: mm/dd/yyyy

For each Charitable Organization with which the Professional Solicitor has contracted, complete the following: (Photocopy as needed)

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ()	FAX # ()	E-MAIL:
Dates of Fundraising Campaign:	From: mm/dd/yyyy	To: mm/dd/yyyy
A. Total dollar amount raised by Professional Solicitor:	\$	
B. Total dollar amount remitted to Charitable Organization:	\$	
C. Total dollar amount retained by Professional Solicitor: ("B"+"C"="A")	\$	

COMPLETE THIS SECTION FOR ENTIRE CALENDAR YEAR

Total dollar amount raised by Professional Solicitor for the Year:	\$
Total dollar amount remitted to Charitable Organization for the Year:	\$
Total dollar amount retained by Professional Solicitor for the Year:	\$

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)
Signature:	Date:

PROFESSIONAL SOLICITOR

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PHOTOCOPY AS NEEDED

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