North Carolina Secretary of State - Charitable Solicitation Licensing Division Contact Information:

Agency Website: http://www.sosnc.gov Email Address: CSL@sosnc.gov; Telephone: (919) 814-5400 Toll Free for NC Residents: 1-888-830-4989 Fax: (919) 807-2220 Mailing Address: Charitable Solicitation Licensing, P.O. Box 29622, Raleigh, NC 27626-0622



Instructions: ANSWER ALL QUESTIONS. This form is to be COMPLETED AND FILED with the Charitable Solicitation Licensing Division WITHIN 90 DAYS AFTER A SOLICITATION CAMPAIGN HAS BEEN COMPLETED OR ON THE ANNIVERSARY OF THE COMMENCEMENT OF A CAMPAIGN LASTING MORE THAN A YEAR. Any changes in any information filed with the Department under this section shall be reported in writing to the Department within seven (7) days after the change occurs.

- This form must be submitted directly to Charitable Solicitation Licensing (CSL) .

Attachment instructions: DO NOT STAPLE OR BIND YOUR DOCUMENTS TOGETHER. Paperclips are acceptable. If an answer requires more space than the form permits, please provide your answer as an attachment identified by the question number or letter.

Please submit all attachments on "letter"-sized (8.5" x 11") paper.

I. GENERAL INFORMATION

FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

A. Name of Solicitor exactly as it appears on North Carolina Solicitor's License			D. Phone Number
E. Street Address of Solicitor	F. City	G. State	H. Zip Code
I. Name of Charitable Organization or Sponsor for whom solicitations will occur as it appears on North Carolina Solicitation License	J. Charitable Org. / Sponsor License Number or Exemption Status	K. Expiration Date	L. Phone Number
M. Street Address of Charitable Organization or Sponsor	N. City	O.State	P. Zip Code

II. Campaign information	FILL OUT COMPLETELY If mo	re space is needed, attach ad	ditional pages and reference the item.
A . Provide the beginning date of the carr	npaign covered in this report.	Beginning Date:	
B . Provide the ending date of the campai campaign is still in progress, provide the		Ending Date(s) or Anniversary Date:	
C. If this is an annual report of an ongoin checking the "yes" box to the right. If not, reports must be filed on the anniversar	check the "no" box. Annual	YES.	□ NO.

North Carolina Solicitation Campaign Financial Report

III. GROSSREVENUE AND EXPENSES

Instructions: PROVIDE GROSS REVENUE RECEIVED NATIONALLY AND GROSS REVENUE RECEIVED WITHIN NORTH CAROLINA. PROVIDE NATIONAL EXPENSES AND EXPENSES INCURRED WITHIN THE STATE OF NORTH CAROLINA. COMPLETE ALL SECTIONS.

	NATIONAL	NORTHCAROLINA
A. Gross Revenue (e.g. Cash, Product Sales, Event Sales, In-Kind Contributions)	\$	\$
B. Expenses Fill out sections 1 - 12 below.		
1. Solicitor's Share, Commissions and Fees	\$	\$
2. Employee/Independent Contractor Salaries, Fees, Commissions and Benefits	\$	\$
3. Professional, Legal, Accounting Fees	\$	\$
 Office Expenses, Rental, Furniture, Equipment, Utilities 	\$	\$
5. Insurance	\$	\$
6. Advertising	\$	\$
7. Telephone, Printing, and Postage	\$	\$
8. Travel/Vehicle Maintenance/Fuel	\$	\$
9. Cost of Merchandise for Resale	\$	\$
10. Cost of Show or Entertainment	\$	\$
11. Facilities Rental	\$	\$
12. Other (Specify)	\$	\$
C. Total Expenses (Total of sections 1 - 12)	\$	\$
D. Net Proceeds (Gross Revenue (A) minus Total Expenses (C))	\$	\$
E. Amount received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. If (D) and (E) are not equal, attach an explanation.	\$	\$
F.FixedPercentage of Gross Revenue received by Charitable Organization/ Sponsor as a benefit from the solicitation campaign. (Amount received by Charitable Organization (E) divided by Gross Revenue (A))	%	%

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PROCEED TO THE NEXT PAGE

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IV. METHOD OF FUNDRAISING Check all that apply.					
Door-to-Door	Entertainment Event	Telemarketing	Internet	Direct Mail	Sale of Products
Other (Explain)					
V. Signature and) NOTARIZATION				

I swear or affirm that I am an authorized official of the solicitor and I certify under oath that the information furnished in this financial report and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury. **SIGN ONLY WHEN IN THE PRESENCE OF A NOTARY PUBLIC**.

Signature:	Signer's Name (Type or Print):		
	Signer's Title or Position:		
Notarization: The following is for a notary public to pla	ace you under oath and then notarize yo	our signature:	
County:	State:		
Sworn to and subscribed before me this date of (MM/	/DD/YYYY):		
Notary Public's Signature:			
Notary Public's Name (Print):			
Date Notary Public's Commission Expires:			
If using a notary stamp or seal, stamp or imprint seal i	n the rectangle below:		
PLACE NOTARY SEAL HERE			
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North Carolina Solicitation Campaign Financial Report MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS

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