



Professional Licensing Boards and Securities Division
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Brian P. Kemp
 Secretary of State

Tanja Battle
 Executive Director

**Financial Report of Campaign
 GEORGIA CHARITABLE SOLICITATIONS ACT OF 1988, AS AMENDED
 O.C.G.A. 43-17-3(h)**

A. GENERAL INFORMATION				
Full name of Paid Solicitor		Telephone Number		Registration Number
Business address		City	State	Zip Code
Name and Business address of charitable organization/sponsor with whom contracted		City	State	Zip Code
Registration Number of charitable organization		Telephone Number of Charitable Organization		
Date of the commencement of the campaign		Date of completion of campaign or, if still in progress, provide dates covered by this report		
Fundraising methods used in this campaign (mark all that apply)				
Telephone appeal	Direct Mail	Sale of goods or services	Door to door solicitation	Other: (please describe)
List the areas of the state targeted by the campaign:				
B. CAMPAIGN FINANCIAL REPORT				
a. Gross Revenue:				
b. Expenses				
Paid solicitor fee		Insurance		
Salaries, wages, commissions		Supplies		
Promotional Fees		Licenses, permits		
Show or performance fee		Bank charges		
Security		Advertising (employment)		
Printing		Other (itemize)		
Postage				
Telephone				
Rent				
Utilities		Total expenses		
NET AMOUNT PAID TO CHARITABLE ORGANIZATION OR SPONSOR: (This figure is, in essence, the profit to the charitable organization after all expenses, regardless of who is or was responsible for paying them and regardless of whether they have actually been paid yet.)				
PERCENTAGE OF FUNDS RECEIVED BY CHARITABLE ORGANIZATION OR SPONSOR: (Amount retained by the charitable organization or sponsor divided by gross revenue.)				
INDICATE THE TOTAL AMOUNT OF UNCOLLECTED PLEDGES AS OF THE DATE OF THIS REPORT:				
I state that the above information is true and accurate and I understand that a false statement on this form may subject me to a criminal fine and/or imprisonment.				
Signature and Title of Official of Paid Solicitor				Date
Signature and Title of Official of Charitable Organization				Date
NOTE: THIS FORM MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE CHARITABLE ORGANIZATION.				