Florida Department of Agriculture and Consumer Services Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS SUPPLEMENTAL FINANCIAL DISCLOSURE

Sections 496.4071, Florida Statutes Rule 5J-7.004(4), Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 www.FDACS.gov • 850-410-3804 *Fax* Please return completed supplemental financial disclosure to:

FDACS Solicitation of Contributions 2005 Apalachee Pkwy. Tallahassee, FL 32399-6500

A charitable organization or sponsor who had more than \$1 million in total revenue and spent less than 25 percent of the organization or sponsor's total annual functional expenses on program service costs for the immediate preceding fiscal year shall file the following supplemental financial information. [s. 496.4071, F.S.]

The supplemental financial information required under s. 496.4071(1), F.S., must be filed with the department by the charitable organization or sponsor within 30 days after receiving a request for such information from the department. When filing the disclosure, be certain that it is completely filled out, that all questions are answered truthfully and that all the information requested is provided. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

Name of Charitable Organization or Sponsor

(as listed with the department):

FINANCIAL DISCLOSURE

- 1. Provide the dollar amount and the percentage of total revenue and charitable contributions allocated to funding each of the following administrative functions:
- a. Total salaries of all persons employed by the charitable organization or sponsor:

(of total revenue)

%

b. Fundraising, including the names of any professional solicitors, amounts paid to professional solicitors, and contributions received from professional solicitors' campaigns:

Name of Professional Solicitor	Amount Paid (to professional solicitor)	Percentage Paid (to professional solicitor of total revenue)	Amount Rec'd (from professional solicitor)	Percentage Rec'd (from professional solicitor)
	\$	%	\$	%
	\$	%	\$	%
	\$	%	\$	%
	\$	%	\$	%
	\$	%	\$	%
	\$	%	\$	%



NICOLE "NIKKI" FRIED COMMISSIONER

CH Number (as isued by the department):

	\$	%
d. Overhead and other expenses related to managing and administering the charitable organization or sponsor:	\$	%
administering the chantable organization of sponsor.	Ψ	70
2. Provide the names of and specific sums earned by or paid to were paid more than \$100,000 during the immediately preceded		its who earned o
ame of employee or consultant:	A	mount Paid:
	\$	
	•	
	¢	
	\$	
escription of services provided:		
		d to programs:
4. The dollar amount and percentage of total revenue and chari	itable contributions allocate Amount Paid:	Percentage:
4. The dollar amount and percentage of total revenue and chari rogram:		Percentage:
		%
	Amount Paid: \$ \$	% %
		%
		Paid:

- an entity controlled by an officer, trustee, or director of the charitable organization or sponsor;
- an entity controlled by the immediate family of an officer, trustee, or director of the charitable organization or sponsor;
- an entity that employed or engaged for consultation an officer, trustee, or director of the charitable organization or sponsor;
- an entity that employed or engaged for consultation the immediate family of an officer, trustee, or director of the charitable organization or sponsor.

NOTE: The term "immediate family" means a parent, spouse, child, sibling, grandparent, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law.

6. Provide additional clarifying information, if any:

CONTACT PERSON

Person responsible for completing this disclosure:

Name:

Title:

 Email Address: