

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

**PROFESSIONAL SOLICITORS
FINANCIAL REPORT OF CAMPAIGN**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.012, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Submit Online at: www.FDACS.gov

or

Return completed financial report to:

Charities@FDACS.gov

or

FDACS

Solicitation of Contributions

2005 Apalachee Pkwy.

Tallahassee, FL 32399-6500

This financial report of the campaign must be filed with the department and provided to the charitable organization or sponsor within 45 days after a campaign has been completed and within 45 days after the anniversary of the commencement of a solicitation campaign lasting more than one year. [s. 496.410(8), F.S.]

Professional Solicitor Information

Full legal name of professional solicitor:

Street Address:

City:

State:

Zip Code:

FL Registration Number (solicitor):

SS- _____

Telephone Number:

(_____) _____ - _____

Charitable Organization Information

Full Legal Name of the Charitable Organization or
Sponsor for which the solicitation was conducted

(as listed with the department):

Street Address:

City:

State:

Zip Code:

FL Registration Number (organization or sponsor):

CH- _____

Telephone Number:

(_____) _____ - _____

Campaign Information

Contract Number:

Contract Period:

____ / ____ / ____ - ____ / ____ / ____

Report Type:

Campaign Number:

Campaign Period:

____ / ____ / ____ - ____ / ____ / ____

Reporting Period:

Financial Information

Gross revenue received (excluding uncollected pledges):

\$ _____

Net Proceeds retained by charitable organization or
sponsor (gross revenue less amount paid to professional solicitor):

\$ _____

Percentage of funds retained by charitable organization or
sponsor (amount retained by the charitable organization or sponsor divided
by the gross revenue):

_____ %

Contract guaranteed minimum percentage to charitable
organization or sponsor, if any:

_____ %

Professional Solicitor Expense Details

Expenses:

Professional Solicitor Fees	\$	_____	Insurance	\$	_____
Salaries, Wages, Commissions	\$	_____	Supplies	\$	_____
Promotional Fees	\$	_____	Licenses, Permits	\$	_____
Show of Performance Fees	\$	_____	Bank Charges	\$	_____
Security	\$	_____	Advertising (<i>Employment</i>)	\$	_____
Printing	\$	_____	Other (<i>Please Itemize Below</i>)		
Postage	\$	_____	_____	\$	_____
Telephone	\$	_____	_____	\$	_____
Rent	\$	_____	_____	\$	_____
Utilities	\$	_____	_____	\$	_____

Total Expenses: \$ _____

Certification

I certify that I am authorized to complete this financial report and that the information provided is true and accurate.

Signature

Printed Name

Title

Date

Telephone Number

Email Address