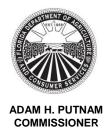
Florida Department of Agriculture and Consumer Services Division of Consumer Services



(as listed with the department):

Name of Charitable Organization or Sponsor

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 Calling Outside Florida www.800helpfla.com • 850-410-3804 Fax

Please return completed supplemental financial disclosure to:

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

CH Number

(as isued by the department):

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.

				, ,
	FINANCIAL	DISCLOSURE		
Provide the dollar amount funding each of the follow Total salaries of all person	ring administrative function	ons:	aritable contributions	allocated to
or sponsor:		•	\$(of total re	%
b. Fundraising, including the contributions received fro			nts paid to profession	nal solicitors, and
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)
	\$	%	\$	%
	 \$	%	\$	%
		%	\$	%
	\$	%	\$	%
		%	\$	%
	\$	%	\$	%

C.	Travel expenses:	\$		
	Overhead and other expenses related to managing and administering the charitable organization or sponsor:	\$		
	Provide the names of and specific sums earned by or paid to all emp were paid more than \$100,000 during the immediately preceding fisca		nsultant	ts who earned
Name	of employee or consultant:		Aı	mount Paid:
		;	\$	
		_ ;	\$ \$	
		_	· \$	
		_ _ _		
Descr	ription of services provided:	_	-	
4.	The dollar amount and percentage of total revenue and charitable co	ntributions a	llocated	I to programs:
	am.	Amount I	Daide	
Progra	ani.	Amount	raiu.	Percentage
Progra	aiii.	\$	raiu.	Percentage
Progra	ani.	\$		
Progra		\$ \$		

- 5. Provide the details of any economic or business transaction between the charitable organization or sponsor and:
 - an officer, trustee, or director of the charitable organization or sponsor;
 - the immediate family of an officer, trustee, or director of the charitable organization or sponsor;
 - 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, spsister-in-law, son-in-law, daughter-in-law, mother-in-law, or factors.	ouse, child, sibling, grandparent, grandchild, brother-in-law, ather-in-law.						
6. Provide additional clarifying information, if any:							
CONTACT PERSON							
Person responsible for completing this disclos	ure:						
Name:	Title:						
Telephone Number:	Email Address:						