



DELBERT HOSEMANN
Secretary of State

SOLICITATION CAMPAIGN
SUMMARY OF FINANCIAL ACTIVITIES

Mississippi Secretary of State's Office
P O Box 136, Jackson, MS 39205-0136 -- (601) 359-1057

INSTRUCTIONS: *Please type or print. If space is needed, please attach additional sheets. Professional Fund-raisers must use this form to report financial activities for each individual solicitation campaign conducted for a charitable organization. This financial report is to be filed with the Secretary of State no more than 90 days after a solicitation campaign has been completed and/or on the anniversary date of the commencement of any solicitation campaign that lasts more than one year. A copy of this report must be retained by both the Professional Fund-raiser and Charitable Organization for three (3) years.*

PROFESSIONAL FUND-RAISER:

Name, contact person, address and phone number

Mississippi Registration # _____

Name, contact person, address & phone number of charitable organization on whose behalf campaign was conducted:

Mississippi Registration # _____

Beginning and ending dates of campaign:

Final report ___ YES ___ NO

1. REVENUE

Total Contributions received.....\$ _____

Other Receipts (Example: corporate sponsorship, ticket sales, advertising sales):

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

Total Other Receipts.....\$ _____

TOTAL REVENUE\$ _____

2. EXPENSES

Management

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Management Expenses.....\$ _____

Operating Expenses

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Operating Expenses.....\$ _____

Other Expenses

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Other Expenses.....\$ _____

TOTAL XPENSES.....\$ _____

AMOUNT RETAINED BY CHARITABLE ORGANIZATION.....\$ _____

I/we certify that the information furnished in this summary and all supplemental forms, documents, and continuation sheets is true and correct.

SIGNATURE OF AUTHORIZED OFFICER OF PROFESSIONAL FUND-RAISER

DATE

TYPED (or printed) NAME AND TITLE

Sworn to and subscribed before me this the _____ day of _____, 20__.

NOTARY SEAL

NOTARY PUBLIC

SIGNATURE OF AUTHORIZED OFFICER OF CHARITABLE ORGANIZATION

DATE

TYPED (or printed) NAME AND TITLE

Sworn to and subscribed before me this the _____ day of _____, 20__.

NOTARY SEAL

NOTARY PUBLIC