



SUMMARY OF FINANCIAL ACTIVITIES OF A PROFESSIONAL SOLICITOR FOR A SOLICITATION CAMPAIGN

OFFICE USE ONLY

Date Stamped

Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243
(615) 741-2555 / (615) 253-5173 (fax)

INSTRUCTIONS: Professional solicitors must use this form to report financial activities for each individual solicitation campaign conducted for a charitable organization. This financial report shall be filed with the Secretary of State not more than ninety (90) days after a solicitation campaign has ended or ninety (90) days after the end of the fiscal year end of any solicitation campaign that lasts more than one (1) year.

The financial report shall be audited by an independent certified public accountant in accordance with generally accepted auditing standards unless, by contractual agreement with the charitable organization, the professional solicitor does not receive donations on behalf of a charitable organization, does not have access to the funds raised and does not make deposits to and does not have signature authority with, or any other authority over, a charitable organization's bank accounts.

PSID# \_\_\_\_\_ COID# \_\_\_\_\_ CAMPAIGN# \_\_\_\_\_

NAME OF PROFESSIONAL SOLICITOR: \_\_\_\_\_

Name used during Campaign (if different from above) \_\_\_\_\_

NAME OF CHARITABLE ORGANIZATION ON WHOSE BEHALF THE CAMPAIGN WAS CONDUCTED: \_\_\_\_\_

CAMPAIGN PERIOD: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

GROSS REVENUE FROM CAMPAIGN:

- Telemarketing
Direct Mail
Door-to-Door
Thrift Store
Internet Fundraising
Other

TOTAL CAMPAIGN RECEIPTS: \$ \_\_\_\_\_

EXPENDITURES: Attach an itemized list of all expenses

TOTAL CAMPAIGN EXPENDITURES \$ \_\_\_\_\_

RECEIPTS PAID TO/RETAINED BY CHARITABLE ORGANIZATION \$ \_\_\_\_\_

CAMPAIGN REMAINDER OR DEFICIT (IF APPLICABLE) \$ \_\_\_\_\_

- 1. If there is a "Remainder or Deficit," attach a detailed explanation.
2. Is the audited financial report attached? No Yes N/A

**SIGNATURE**

This report must be signed by an authorized official of the professional solicitor and two (2) authorized officials of the charitable organization.

I / we certify that the information furnished in this financial report and all continuation sheets is true and correct to the best of my / our knowledge.

\_\_\_\_\_  
Signature of Authorized Officer of Professional Solicitor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Notary Seal**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**Notary Signature**

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer of Charitable Organization

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Notary Seal**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**Notary Signature**

My Commission Expires: \_\_\_\_\_

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Signature of Authorized Officer of Charitable Organization

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**Notary Signature**

My Commission Expires: \_\_\_\_\_