**Form 10B**

**Addendum to Registration Statement to be Filed by Commercial Co-venturers**

**Please TYPE or CLEARLY PRINT all entries in black ink.**

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| **1(A). Full legal name and any additional names under which the professional solicitor conducts**  **business:** |
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| **1(B). Legal principal place of business:** | |
| Address: | |
| City: State: Zip Code: | |
| Phone: | Fax: |
| Email address: | Website (URL): |

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| **2. Commercial Coventurer’s employee(s) or agent(s) who will be primarily responsible for**  **conducting the campaign. Attach separate pages if necessary; include ALL sub-contractors.\*** | |
| Name: | Title: |
| Address: | Phone: |
| Name: | Title: |
| Address: | Phone: |

\*Sub-contractors must be registered and bonded with Massachusetts before solicitation occurs. The registrant holding the contract with the charitable organization is responsible for filing the contract and any applicable financial report with the Division.

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| **3. Individual to contact, if more information is needed about this form:** | |
| Name: | |
| Address: | |
| City: State: Zip Code: | |
| Phone: | Email: |

If a specific charity has been designated as the beneficiary of this campaign, complete Questions 4 – 6. If no specific charity has been designated, skip to Question 7.

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| **4(A). Charitable organization benefiting from this solicitation campaign:** | |
| Name: | AGO Account #: |
| Address: | Phone: |

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| **4(B). Charitable organization’s employee(s) or agent(s) who will be primarily responsible for the**  **campaign and who should receive any correspondence related to the campaign.** | |
| Name: | Title: |
| Address: | Phone: |
| Name: | Title: |
| Address: | Phone: |

**4(C).** If any Officer, Director, Trustee, Partner, Management Employee or Owner of more than

10% of the commercial co-venturer filing this form, or a relative of any of them, now or within the past two calendar years, has served as an Officer, Director, Trustee, Partner, Management Employee or in any way has been affiliated with or in control of, directly or indirectly, the charity that is the beneficiary of this campaign, please place an “X” in the box to the right and **attach an explanation in which you name the affiliated persons and describe the affiliation**.

**4(D).** If any Officer, Director, Trustee, Partner, Management Employee or Owner of the charity

that is named in question 2 above, or a relative of any of them, now or within the past two calendar years, has served as an Officer, Director, Trustee, Partner, Management Employee or Owner of more than 10% of the commercial co-venturer filing this form, in any way has been affiliated with or in control of, directly or indirectly, the commercial co-venturer, please place an “X” in the box to the right and **attach an explanation in which you name the affiliated persons and describe the affiliation**.

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| **5. Describe the charitable purpose(s) benefiting from the solicitation. Be as specific as possible.** |
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| **6. Attach a copy of the written contract or agreement with the charity. If there is not a written**  **contract or agreement, please explain below.** |
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**7(A). If there are no specific charities designated at this time but will be named at a later date,**

**place an “X” in the box to the right.**

If you checked the box to the right of Question 7(A), provide the information requested in Question 7(B) below. If you did not check the box to the right of Question 6, proceed to Question 8.

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| **7(B). Indicate method by which charity/charities will be determined. If the charity will submit an**  **application or other form to the commercial co-venturer, attach a sample copy of it to this form.** |
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**8. If the solicitation campaign will not involve a specific charitable organization, please attach a**

**description of the general charitable purpose(s) for which the funds will be used. Please include information on how the funds will be distributed.**

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| **9. Summarize the solicitation campaign, even if a contract is attached. Be as specific as possible and**  **include a statement as to how funds will be remitted to the charitable organization.\*\*** |
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\*\*For example, “Company will contribute 20% of the gross proceeds from its sales of product X to charity Y in a lump sum payment at the end of the campaign,” or, “Store will contribute $5 to charity Y on a monthly basis for every unit of product X sold during a five month campaign.”

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| **10. Anticipated duration of solicitation (MM/DD/YYYY):** | |
| Starting date: | Ending date: |

**11. Projected gross receipts to be raised by this solicitation:**

$

This figure is (check one):

Stated in written contract/agreement Estimate/estimate range not stated in contract

**12. Approximate percentage of gross receipts that the charitable**

%

**organization will receive or retain:**

This figure is (check one):

Stated in written contract/agreement Estimate/estimate range not stated in contract

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| **13. If prospective contributors ask how much of their contributions will go to the charitable**  **organization, what will they be told?** |
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**Certification by the Commercial Co-venturer:**

Under penalties of perjury, I certify the above declarations to be true and correct to the best of my knowledge. I agree to file supplemental Forms 10B if at any time the information on this form requires amendment or correction. I agree to file the Commercial Co-venturer’s Annual Financial Report Form 11B for the co-venture that is the subject of this Form 10B as required by Massachusetts General Laws Chapter 68, Section 24(c). I have attached a copy of the contract or written agreement that corresponds to the above-referenced co-venture as required by Massachusetts General Laws Chapter 68, Section 22. I agree that no solicitation on behalf of the above-mentioned charitable organization will commence prior to the filing of this Form 10B.

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Signature on behalf of Professional Solicitor PRINT name and title Date signed

**Acknowledgment by the Charitable Organization:**

I acknowledge that I have reviewed the responses stated in this document on behalf of the charitable organization:

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(Name of charitable organization)

…and I declare, under penalties of perjury, that the responses are true and correct to the best of my knowledge.

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Signature of authorized officer or trustee PRINT name and title Date signed

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Signature of authorized officer or trustee PRINT name and title Date signed

**\*\*\*Please note that the signatures of two different officers on behalf of the charitable organization are required. The Form 10B will not be accepted without the appropriate signatures.**