**Form 11A**

**Professional Solicitor’s Annual Financial Report**

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

|  |
| --- |
| **1. Professional Solicitor (use legal principal place of business):** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Fax: |
| Email address: | Website (URL): |

|  |
| --- |
| **2. Charitable organization for whom the solicitation was conducted:** |
| Name: | AGO Account #: |
| Address: | Phone: |

|  |
| --- |
| **3. Campaign dates (MM/DD/YYYY). In the first row, list the start and end dates for the campaign**  **as listed on the corresponding Form 10A. In the second row, list the dates for the portion of the**  **campaign reported on this Form.\*** |
| Campaign duration: / / to / / |
| Period reported here: / / to / / |

\*If you are reporting on a campaign that began and ended in the same calendar year, both rows should match. If you are reporting on a campaign that was conducted/will be conducted in more than one calendar year (e.g. 7/1/2006 – 6/30/2007), indicate the calendar year period reported here in row two (e.g. 7/1/2006-12/31/2006

|  |
| --- |
| **4. Individual to contact, if more information is needed about this form:** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Email: |

|  |
| --- |
| **5. Books and records used in the preparation of this report are in the care of:** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Email: |

**I. Gross proceeds:**

$

This is the total amount of actual money raised, regardless of who has custody of the funds, for the calendar year period listed on the first page.

**II. Total expenses:**

$

Itemize all expenses below. If the solicitor incurred the expense, list it in the center column. If the charity incurred the expense, list it in the column on the right.

|  |
| --- |
| **A. Solicitation Fees, Salaries and Commissions Solicitor Charity** |
|  1. Campaign Management | $ | $ |
|  2. Payroll | $ | $ |
|  3. Promotional Fees | $ | $ |
|  4. Other\* | $ | $ |
|  TOTAL SECTION A | $ | $ |

|  |
| --- |
| **B. Merchandise Expenses Solicitor Charity** |
|  1. Purchase Price | $ | $ |
|  2. Storage Costs | $ | $ |
|  3. Distribution Costs | $ | $ |
|  4. Other\* | $ | $ |
|  TOTAL SECTION B | $ | $ |

|  |
| --- |
| **C. Publications Expenses Solicitor Charity** |
|  1. Design and Layout | $ | $ |
|  2. Reproduction Costs | $ | $ |
|  3. Distribution Costs | $ | $ |
|  4. Other\* | $ | $ |
|  TOTAL SECTION C | $ | $ |

\* Itemize additional expenses on a separate sheet(s).

|  |
| --- |
| **D. Event Expenses Solicitor Charity** |
|  1. Campaign Management | $ | $ |
|  2. Payroll | $ | $ |
|  3. Promotional Fees | $ | $ |
|  4. Insurance | $ | $ |
|  5. Municipal Services | $ | $ |
|  6. Show Fee | $ | $ |
|  7. Entertainment Taxes | $ | $ |
|  8. Other\* | $ | $ |
|  TOTAL SECTION D | $ | $ |

|  |
| --- |
| **E. General Business Expenses Solicitor Charity** |
|  1. Hiring Costs | $ | $ |
|  2. Furniture/Equipment | $ | $ |
|  3. Office Expenses | $ | $ |
|  4. Office Rental | $ | $ |
|  5. List Fee | $ | $ |
|  6. Postage | $ | $ |
|  7. Printing | $ | $ |
|  8. Telephone | $ | $ |
|  9. Utilities | $ | $ |
|  10. Other\* | $ | $ |
|  TOTAL SECTION E | $ | $ |

\* Itemize additional expenses on a separate sheet(s).

**III. Net amount to charity:**

$

This is the portion of money raised (gross receipts) that the charity receives or keeps after all fundraising expenses, have been paid (Line I – Line II).

**IV. Total amount of uncollected pledges to date:**

$

Itemize all expenses below. If the solicitor incurred the expense, list it in the center column. If the charity incurred the expense, list it in the column on the right.

**Certification by the Solicitor:**

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

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

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

**Certification by the Charitable Organization:**

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

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

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

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

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

**\*\*\*Please note that the signatures of two different officers on behalf of the charitable organization are required. The Form 11A will not be accepted without the appropriate notarized signatures.**