

North Carolina Solicitation Campaign Financial Report

North Carolina Secretary of State - Charitable Solicitation Licensing Division Contact Information:

Agency Website: <http://www.sosnc.gov>
Email Address: CSL@sosnc.gov; **Telephone:** (919) 814-5400
Toll Free for NC Residents: 1-888-830-4989 **Fax:** (919) 807-2220
Mailing Address: Charitable Solicitation Licensing, P.O. Box 29622, Raleigh, NC 27626-0622



Instructions: ANSWER ALL QUESTIONS. This form is to be **COMPLETED AND FILED** with the Charitable Solicitation Licensing Division **WITHIN 90 DAYS AFTER A SOLICITATION CAMPAIGN HAS BEEN COMPLETED OR ON THE ANNIVERSARY OF THE COMMENCEMENT OF A CAMPAIGN LASTING MORE THAN A YEAR.** Any changes in any information filed with the Department under this section shall be reported in writing to the Department within seven (7) days after the change occurs.

- This form must be submitted directly to Charitable Solicitation Licensing (CSL) .
- Attachment instructions: **DO NOT STAPLE OR BIND YOUR DOCUMENTS TOGETHER.** Paperclips are acceptable. If an answer requires more space than the form permits, please provide your answer as an attachment identified by the question number or letter.
- Please submit all attachments on "letter"-sized (8.5" x 11") paper.

I. GENERAL INFORMATION

FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

A. Name of Solicitor exactly as it appears on North Carolina Solicitor's License	B. N.C. Solicitor's License Number	C. Expiration Date	D. Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
E. Street Address of Solicitor	F. City	G. State	H. Zip Code
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
I. Name of Charitable Organization or Sponsor for whom solicitations will occur as it appears on North Carolina Solicitation License	J. Charitable Org. / Sponsor License Number or Exemption Status	K. Expiration Date	L. Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
M. Street Address of Charitable Organization or Sponsor	N. City	O. State	P. Zip Code
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

II. CAMPAIGN INFORMATION

FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

A. Provide the beginning date of the campaign covered in this report. Beginning Date:

B. Provide the ending date of the campaign covered in this report. If the campaign is still in progress, provide the dates covered in this report. Ending Date(s) or Anniversary Date:

C. If this is an annual report of an ongoing campaign, indicate so by checking the "yes" box to the right. If not, check the "no" box. **Annual reports must be filed on the anniversary date of the campaign.** YES. NO.

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III. GROSS REVENUE AND EXPENSES

Instructions: PROVIDE GROSS REVENUE RECEIVED NATIONALLY AND GROSS REVENUE RECEIVED WITHIN NORTH CAROLINA. PROVIDE NATIONAL EXPENSES AND EXPENSES INCURRED WITHIN THE STATE OF NORTH CAROLINA. **COMPLETE ALL SECTIONS.**

	NATIONAL	NORTH CAROLINA
A. Gross Revenue (e.g. Cash, Product Sales, Event Sales, In-Kind Contributions)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
B. Expenses Fill out sections 1 - 12 below.		
1. Solicitor's Share, Commissions and Fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
2. Employee/Independent Contractor Salaries, Fees, Commissions and Benefits	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
3. Professional, Legal, Accounting Fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
4. Office Expenses, Rental, Furniture, Equipment, Utilities	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
5. Insurance	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
6. Advertising	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
7. Telephone, Printing, and Postage	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
8. Travel/Vehicle Maintenance/Fuel	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
9. Cost of Merchandise for Resale	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
10. Cost of Show or Entertainment	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
11. Facilities Rental	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
12. Other (Specify)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
C. Total Expenses (Total of sections 1 - 12)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
D. Net Proceeds (Gross Revenue (A) minus Total Expenses (C))	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
E. Amount received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. If (D) and (E) are not equal, attach an explanation.	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
F. Fixed Percentage of Gross Revenue received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. (Amount received by Charitable Organization (E) divided by Gross Revenue (A))	% <input style="width: 80%;" type="text"/>	% <input style="width: 80%;" type="text"/>

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IV. METHOD OF FUNDRAISING Check all that apply.

Door-to-Door Entertainment Event Telemarketing Internet Direct Mail Sale of Products

Other (Explain)

V. SIGNATURE AND NOTARIZATION

I swear or affirm that I am an authorized official of the solicitor and I certify under oath that the information furnished in this financial report and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury. **SIGN ONLY WHEN IN THE PRESENCE OF A NOTARY PUBLIC.**

Signature: _____

Signer's Name (Type or Print):

Signer's Title or Position:

Notarization: The following is for a notary public to place you under oath and then notarize your signature:

County: _____

State: _____

Sworn to and subscribed before me this date of (MM/DD/YYYY): _____

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal in the rectangle below:



