

**Filing Fee \$25**

# PROFESSIONAL FUND RAISER ANNUAL FINANCIAL REPORT

**KWAME RAOUL  
ATTORNEY GENERAL**

THIS MUST BE FILED BY \_\_\_\_\_

FILE AT: Office of the Attorney General, Charitable Trust Bureau, 115 S. LaSalle St, Chicago, IL 60603

**GENERAL INSTRUCTIONS (FURTHER INSTRUCTIONS AT END OF FORM) PLEASE TYPE OR PRINT IN BLACK INK Make checks payable to the Illinois Charity Bureau Fund.**

- A. RESPOND TO ALL ITEMS ON THIS FORM.
- B. CHANGES OF OR ADDITIONS TO THE INFORMATION IN THIS STATEMENT MUST BE SUBMITTED IN THIS FORMAT.
- C. ANNUAL REPORT (CHECK ONE):

PREPARED ON ACCRUAL BASIS    PREPARED ON A CASH BASIS   OR    PREPARED BY ANOTHER METHOD  
 IF PREPARED BY ANOTHER METHOD EXPLAIN: \_\_\_\_\_

LEGAL NAME _____ MAIL ADDRESS _____ CITY _____ STATE ZIP CODE _____ PHONE NUMBER _____	REGISTERED FOR FISCAL YEAR ENDED JUNE 30, _____ AS PFR # 02- _____ FEDERAL ID NUMBER _____
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REPORT IS FOR PERIOD BEGINNING JANUARY 1, \_\_\_\_\_ AND ENDING \_\_\_\_\_

CHARITIES FOR WHOM FUNDS WERE RAISED	CHARITY CO#	(A) TOTAL AMOUNT RAISED	(B) SOLICITATION EXPENSES	(C) AMOUNT TO CHARITY	(D) % (C/A)
<b>TOTAL FOR ALL CHARITABLE FUNDRAISING BY PFR:</b>					

TOTAL NUMBER OF CHARITIES BEING REPORTED: \_\_\_\_\_

Note: Verification must be by the Corporate President, a General Partner or the Sole Proprietor.

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ } - ss AFFIDAVIT

I, \_\_\_\_\_ under penalty of perjury and being sworn on oath state that I am (circle one) the corporate president, a general partner or the sole proprietor of the registered professional fundraiser.

(Name of PFR) \_\_\_\_\_, have read this annual report including all attachments and personally know the contents thereof to be true, and such is state herein and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

Scribed and sworn to  
 before me this \_\_\_\_\_  
 day of \_\_\_\_\_ 20 \_\_\_\_\_  
 NOTARY PUBLIC \_\_\_\_\_

\_\_\_\_\_  
 (Signature)