

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**PROFESSIONAL SOLICITORS  
FINANCIAL REPORT OF CAMPAIGN**

Solicitations of Contributions Act  
Chapter 496, Florida Statutes  
5J-7.008

*Please return completed application to:*

FDACS  
Terry Lee Rhodes Building  
2005 Apalachee Pkwy.  
Tallahassee, FL 32399-6500

**ADAM H. PUTNAM  
COMMISSIONER**

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

This financial report of the campaign must be filed with the Department and provided to the organization or sponsor within ninety days after a campaign has been completed and on the anniversary of the commencement of a solicitation campaign lasting more than one year. [496.410(8), F.S.]

**Professional Solicitor Information**

**Full Legal Name of Professional Solicitor:**  
\_\_\_\_\_

**Street Address:**  
\_\_\_\_\_

**City:**  
\_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**FL registration Number (Solicitor):**  
**SS-** \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Charitable Organization Information**

**Full Legal Name of the Charitable Organization or Sponsor for which the Solicitation was Conducted (as listed with the Department):**  
\_\_\_\_\_

**Street Address:**  
\_\_\_\_\_

**City:**  
\_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**FL registration Number (Organization or Sponsor):**  
**CH-** \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Campaign Information**

**Contract Number:**  
\_\_\_\_\_

**Period:**  
\_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_

**Report Type:**  
\_\_\_\_\_

**Campaign Number:**  
\_\_\_\_\_

**Period:**  
\_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_

**Report Type:**  
\_\_\_\_\_

**Financial Information**

**Gross Revenue (excluding uncollected pledges):** \$ \_\_\_\_\_

**Total Amount of Uncollected Pledges:** \$ \_\_\_\_\_

**Net Proceeds:** \$ \_\_\_\_\_

**Amount Retained by Charitable Organization or Sponsor:** \$ \_\_\_\_\_  
*(amount retained by the charitable organization or sponsor divided by the gross revenue)*

**Expense Details**

**Expenses:**

Professional Solicitor Fees	\$ _____	Insurance	\$ _____
Salaries, Wages, Commissions	\$ _____	Supplies	\$ _____
Promotional Fees	\$ _____	Licenses, Permits	\$ _____
Show of Performance Fees	\$ _____	Bank Charges	\$ _____
Security	\$ _____	Advertising ( <i>Employment</i> )	\$ _____
Printing	\$ _____	Other ( <i>Please Itemize Below</i> ):	_____
Postage	\$ _____	_____	\$ _____
Telephone	\$ _____	_____	\$ _____
Rent	\$ _____	_____	\$ _____
Utilities	\$ _____	_____	\$ _____

**Total Expenses:**     \$ \_\_\_\_\_

**Affidavit**

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

I, \_\_\_\_\_, having first made due oath or affirmation, say that  
*Name*

I am the \_\_\_\_\_ of \_\_\_\_\_  
*Title* *Name of Professional Solicitor*

**and further state that:**

1. I am the individual who has completed the foregoing Financial Report of Campaign form;
2. I have read the foregoing Notice and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and
4. This Notice is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes; The Solicitation of Contributions Act.

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

**Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,**

**by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.**

**SEAL/STAMP** \_\_\_\_\_

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

\_\_\_\_\_  
*Notary Public Name, Please Print*