

CHARITABLE ORGANIZATION

ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE)

Report Solicitations For Most Recent Fiscal Year

| | | |
|---|-------------------------|-----------------------|
| CHARITABLE ORGANIZATION INFORMATION (please print) | | |
| NAME OF CHARITABLE ORGANIZATION | | |
| LICENSE #: CO | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
| Fiscal Year: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |

| | | |
|---|-------------------------|-----------------------|
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | | \$ |

| | | |
|---|-------------------------|-----------------------|
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | | \$ |

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|---|-------------------------|-----------------------|
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|---|-------------------------|-----------------------|
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | | \$ |

COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR

| | |
|---|-----------|
| Total dollar amount raised from contributions for the Fiscal Year: | \$ |
|---|-----------|

Did you contract with a Professional Solicitor? Yes No If yes, complete page 2. The Professional Solicitor must be licensed in Maine.

Did you contract with a Professional Fund-Raising Counsel? Yes No If yes, complete page 3. The Professional Fund-Raising Counsel must be licensed in Maine.

Did you contract with a Commercial Co-Venturer? Yes No If yes, complete page 4. The Commercial Co-Venturer must be licensed in Maine.

| | |
|--|--------------------------|
| By my signature, I hereby certify that the information provided on this annual fund-raising activity report is true and accurate to the best of my knowledge and belief. | |
| Name (Printed or Typed) | Title (Printed or Typed) |
| Signature: | Date: |

Professional Solicitor - Photocopy as needed

| | | |
|--|-------------------------|-----------------------|
| NAME OF PROFESSIONAL SOLICITOR | | |
| LICENSE #: PS | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | \$ | |
| Total dollar amount retained by professional solicitor for campaign: | \$ | |

| | | |
|--|-------------------------|-----------------------|
| NAME OF PROFESSIONAL SOLICITOR | | |
| LICENSE #: PS | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
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|---|----|
| Total dollar amount raised from contributions for the Fiscal Year: | \$ |
| Total dollar amount retained by professional solicitor for the Fiscal Year: | \$ |

Professional Fund-Raising Counsel - Photocopy as needed

| | | |
|---|-------------------------|-----------------------|
| NAME OF PROFESSIONAL FUND-RAISING COUNSEL | | |
| LICENSE #: PFR | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | \$ | |
| Total dollar amount paid to professional fund-raising counsel for campaign: | \$ | |

| | | |
|---|-------------------------|-----------------------|
| NAME OF PROFESSIONAL FUND-RAISING COUNSEL | | |
| LICENSE #: PFR | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
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| LICENSE #: PFR | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
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| Total dollar amount paid to professional fund-raising counsel for the Fiscal Year: | \$ |

Commercial Co-Venturer - Photocopy as needed

| | | |
|--|-------------------------|-----------------------|
| NAME OF COMMERCIAL CO-VENTURER | | |
| LICENSE #: CCV | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
| Dates of Fundraising Campaign: | From: <i>mm/dd/yyyy</i> | To: <i>mm/dd/yyyy</i> |
| Total dollar amount raised from contributions from this campaign: | | \$ |
| Total dollar amount received from commercial co-venturer for campaign: | | \$ |

| | | |
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| LICENSE #: CCV | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE # () | FAX # () | E-MAIL: |
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| Total dollar amount received from commercial co-venturer for the Fiscal Year: | \$ |