



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
**Charitable Solicitations Act**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Paul R. LePage  
Governor

Anne L. Head  
Commissioner

**CHARITABLE ORGANIZATION**

**ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE)  
Report Solicitations for Previous 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:		\$

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Total dollar amount raised from contributions from this campaign:		\$

**COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR**

<b>Total dollar amount raised from contributions for the Fiscal Year:</b>	<b>\$</b>
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Did the organization contract with a Professional Solicitor?  Yes  No If yes, complete page 2. The Professional Solicitor 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:

**CHARITABLE ORGANIZATION**

**ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE)  
Report Solicitations for Previous Fiscal Year**

**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:	\$	

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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:	\$