



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

**PROFESSIONAL SOLICITOR**

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

<b>PROFESSIONAL SOLICITOR INFORMATION (please print)</b>		
NAME OF PROFESSIONAL SOLICITOR		
LICENSE #: PS		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ( )	FAX # ( )	E-MAIL:
Fiscal Year:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>

For each Charitable Organization with which the Professional Solicitor has contracted, complete the following: (Photocopy as needed)

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
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>
A. Total dollar amount raised by Professional Solicitor:		\$
B. Total dollar amount remitted to Charitable Organization:		\$
C. Total dollar amount retained by Professional Solicitor: ("B"+"C"="A")		\$

**COMPLETE THIS SECTION FOR ENTIRE CALENDAR YEAR**

Total dollar amount raised by Professional Solicitor for the Year:	\$
Total dollar amount remitted to Charitable Organization for the Year:	\$
Total dollar amount retained by Professional Solicitor for the Year:	\$

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**

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

**PHOTOCOPY AS NEEDED**

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
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>
A. Total dollar amount raised by Professional Solicitor:		\$
B. Total dollar amount remitted to Charitable Organization:		\$
C. Total dollar amount retained by Professional Solicitor: ("B"+"C"="A")		\$

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
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>
A. Total dollar amount raised by Professional Solicitor:		\$
B. Total dollar amount remitted to Charitable Organization:		\$
C. Total dollar amount retained by Professional Solicitor: ("B"+"C"="A")		\$

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
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>
A. Total dollar amount raised by Professional Solicitor:		\$
B. Total dollar amount remitted to Charitable Organization:		\$
C. Total dollar amount retained by Professional Solicitor: ("B"+"C"="A")		\$