

**SOUTH CAROLINA
SECRETARY OF STATE**

PUBLIC CHARITIES DIVISION

**JOINT FINANCIAL REPORT FOR A SOLICITATION CAMPAIGN
PROFESSIONAL FUNDRAISING COMPANY**

Filing Instructions

- **This form must be filed within 90 days after a solicitation campaign has been completed or within 90 days after the anniversary of a solicitation campaign lasting more than one year.**
- Please contact our office with any questions regarding this form at 803-734-1790 or charities@sos.sc.gov.
- Mail to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

**Professional Fundraising Company Registered
with the Secretary of State's Office**

| | |
|------------------------|-------------|
| Registration No. _____ | Phone _____ |
| Full Legal Name _____ | |
| DBA _____ | |
| Address _____ | |
| City, State, Zip _____ | |

**Charitable Organization Registered
with the Secretary of State's Office**

| | |
|-------------------------|-------------|
| Registration No. _____ | Phone _____ |
| Full Charity Name _____ | |
| DBA _____ | |
| Address _____ | |
| City, State, Zip _____ | |

1. Solicitation in South Carolina: Start Date _____ End Date _____ or _____ is continuous.
2. Method of solicitation:
___ Phone ___ Mail ___ Bingo ___ Door to Door ___ Print Media ___ Electronic Media
3. Period covered by this report: _____ to _____
___ This contract has ended early

Enter revenue and expenses from all states, not just from South Carolina, if the campaign is multi-state.

4. Gross Revenue\$ _____

5. Total Expenses (Attach itemized list of all expenses)\$ _____

This form will be returned for correction and considered not received if an itemization of expenses is not attached.

6. Amount paid to (or retained by) charitable organization.....\$ _____

I do hereby declare that the information contained herein is true and correct to the best of my knowledge, information and belief.

Professional Fundraising Company

| | |
|-----------------|------------|
| Name _____ | Date _____ |
| Title _____ | |
| Signature _____ | |

Charitable Organization

| | |
|-----------------|------------|
| Name _____ | Date _____ |
| Title _____ | |
| Signature _____ | |