

North Carolina Solicitation Campaign Financial Report

III. GROSS REVENUE AND EXPENSES

Instructions: PROVIDE GROSS REVENUE RECEIVED NATIONALLY AND GROSS REVENUE RECEIVED WITHIN NORTH CAROLINA. PROVIDE NATIONAL EXPENSES AND EXPENSES INCURRED WITHIN THE STATE OF NORTH CAROLINA. COMPLETE ALL SECTIONS.

	NATIONAL	NORTH CAROLINA
A. Gross Revenue (e.g. Cash, Product Sales, Event Sales, In-Kind Contributions)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
B. Expenses Fill out sections 1 - 12 below.		
1. Solicitor's Share, Commissions and Fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
2. Employee/Independent Contractor Salaries, Fees, Commissions and Benefits	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
3. Professional, Legal, Accounting Fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
4. Office Expenses, Rental, Furniture, Equipment, Utilities	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
5. Insurance	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
6. Advertising	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
7. Telephone, Printing, and Postage	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
8. Travel/Vehicle Maintenance/Fuel	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
9. Cost of Merchandise for Resale	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
10. Cost of Show or Entertainment	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
11. Facilities Rental	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
12. Other (Specify)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
C. Total Expenses (Total of sections 1 - 12)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
D. Net Proceeds (Gross Revenue (A) minus Total Expenses (C))	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
E. Amount received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. If (D) and (E) are not equal, attach an explanation.	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
F. Fixed Percentage of Gross Revenue received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. (Amount received by Charitable Organization (E) divided by Gross Revenue (A))	% <input style="width: 80%;" type="text"/>	% <input style="width: 80%;" type="text"/>

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IV. METHOD OF FUNDRAISING Check all that apply.

Door-to-Door Entertainment Event Telemarketing Internet Direct Mail Sale of Products

Other (Explain)

V. SIGNATURE AND NOTARIZATION

I swear or affirm that I am an authorized official of the solicitor and I certify under oath that the information furnished in this financial report and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury. **SIGN ONLY WHEN IN THE PRESENCE OF A NOTARY PUBLIC.**

Signature: _____

Signer's Name (Type or Print): _____

Signer's Title or Position: _____

Notarization: The following is for a notary public to place you under oath and then notarize your signature:

County: _____

State: _____

Sworn to and subscribed before me this date of (MM/DD/YYYY): _____

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal in the rectangle below:



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MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS