

# Accounting Report of Professional Solicitor and Charitable Organizations

Office of the Secretary of State, State House, Annapolis MD 21401  
Telephone: (410) 974-5534 or (800) 825-4510



(Pursuant to Criminal Law Article, §12-106, of Annotated Code of Maryland and COMAR 01.02.07.03)

This report is to be filed with the Secretary of State within 90 days after the selection of the raffle winner

Date Completed: (mm/dd/yyyy)

1. Name & Address of Charitable Organization:

Telephone No. of Charity:

Name of Authorized Representative:

2. Name & Address of Professional Solicitor:

Area Code & Phone Number:

Name of Authorized Representative:

3. Effective dates of contract between the Professional Solicitor and the Charitable Organization which is the basis of this report.

Date contract executed:

Date contract terminated (or date for the completion of Professional Solicitor's services):

4. Name & Mailing Address of bank in which account was established:

5. Address of Property Raffled:

6. Financial Information

Gross Receipts from Raffle Ticket Sales		.	\$
Solicitor's Expenses	For postage & printing	.\$	.
	For goods, food, entertainment or drink, sold or provided the public while soliciting the purchase of raffle tickets	.\$	.
	Overhead expenses	.\$	.
	Other expenses (identify)	.\$	.
Total Solicitor's Expenses		.	\$
Total amount of funds paid over to or retained by the Charitable Organization		.	\$

In order to complete this form, an officer or other duly authorized representative of the Professional Solicitor must execute the following certification as to the content of this report and obtain the signature of an officer or other duly authorized representative of the Charitable Organization, certifying as to the accuracy of certain statements made herein:

**For Professional Solicitor:**

I, \_\_\_\_\_ (name), being an officer or duly authorized representative of the Professional Solicitor reporting herein, do hereby certify, under penalties of perjury, that the statements herein are true.

For: Name of Solicitor

By:

Signature

Printed Name

**For Charitable Organization:**

I, \_\_\_\_\_ (name), being an officer or other duly authorized representative of the Charitable Organization which has entered into an agreement with the Professional Solicitor who has prepared this report, do hereby certify, under penalties of perjury, that the statements made in Parts 1, 3, 4, 5, and 6 are true.

For:

Name of Charitable Organization

By:

Signature

Printed Name