Form IFC
Revised 6/12

REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

LISA MADIGAN
ATTORNEY GENERAL

CHARITY:

Name Reporting Period Beginning and Ending

Mailing Address CO# 01-

City, State, Zip Code Phone #

Contact Person 'I'itle Phone #

PROFESSIONAL FUND RAISER (PFR):

Name PFR #02 -

NATURE OF FUNDRAISING ACTIVITY:

A. Total Amount Raised _ A. $

B. Expenses:

		PAID BY: PFR	PAID BY: Charity
I. Professional Fundraiser Fee _ _ _ _ _ _ _ _ _ _ _ _	1.		
2 Solicitor Compensation _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	2.		
3. Salaries _	3.		
4. Printing _	4.		
5. Postage _	5.		
6. Telephone _	6.		
7. Rent & Utilties _	7.		
8. Supplies _	8.		
9. Travel _	9.		
10.	10.		
11.	11.		
12	12.		
13. TOTAL EXPENSES (PFR + Charity) _ _ _ _	13.		

_ _ B. $

C. Total amount received by the charitable organization (after all expenses are paid) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ C $

D. Percentage of Funds received by charity (Line C divided by line A) _ D. %

E. Bank where funds are deposited? _ _ _ _ _ _ _ _ _ _ E.

F. Who (charity or PFR) has signature control of the account(s) listed above?

G. Are the expenses in B above actual expenses for this campaign? Yes ☐ or No ☐ If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, including all the schedules, and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State ot Illinois rely thereupon.

PFR CAMPAIGN MANAGER (Print Name) TITLE

SIGNATURE DATE

OFFICER, DIRECTOR OF CHARITY (Print Name) TITLE

SIGNATURE DATE