Form PFR-04
Revised 3/03

PROFESSIONAL SOLICITOR COMPENSATION REPORT

LISA MADIGAN
ATTORNEY GENERAL

FOR THE PERIOD ENDING _____

PFR NAME _____ PFR#02- _____

CHANGES OF OR ADDITIONS TO THE INFORMATION IN THIS STATEMENT MUST BE SUBMITTED IN THIS FORMAT.

1. LIST ALL SOLICITORS EMPLOYED BY YOU DURING THE PERIOD COVERED BY YOUR ANNUAL FINANCIAL REPORT:

PROFESSIONAL SOLICITOR NAME & ADDRESS	AREA CODE/ TELEPHONE #		AMOUNT PAID	HOURS WORKED
ADDRESS:				
ADDRESS				
ADDRESS				
ADDRESS:				
ADDRESS:				
ADDRESS:				
ADDRESS				
ADDRESS:				
ADDRESS:				

2. TOTAL NUMBER OF SOLICITORS EMPLOYED: _____

3. TOTAL AMOUNT PAID TO ALL SOLICITORS EMPLOYED DURING THIS PERIOD: $_____

4. TOTAL NUMBER OF MAN HOURS WORKED BY PROFESSIONAL SOLICITORS DURING THIS PERIOD: _____

5. DESCRIBE IN DETAIL HOW SOLICITORS ARE PAID. PROVIDE INFORMATION DESCRIBING THE SALARY STRUCTURE OF ALL PROFESSIONAL SOLICITORS EMPLOYED BY YOU DURING THIS PERIOD (I.E. HOURLY RATE, COMMISSION. SALARY. OTHER):

_____

_____

_____

_____

_____

6. WERE ALL PROFESSIONAL SOLICITORS FURNISHED A 1099 OR A W2 LAST YEAR? YES ☐ NO ☐ IF NO, EXPLAIN IN DETAIL:

_____

7. WERE ALL PROFESSIONAL SOLICITORS EMPLOYED BY YOU REGISTERED WITH THE ILLINOIS ATTORNEY GENERAL:

YES ☐ NO ☐ IF NO, EXPLAIN: _____