

PROFESSIONAL FUNDRAISING CONSULTANT  
REGISTRATION STATEMENT

KWAME RAOUL  
ATTORNEY GENERAL

For registrations effective during the period July, \_\_\_\_\_ through June 30, \_\_\_\_\_

**PLEASE TYPE OR PRINT IN INK. Respond to all items.** If unable to answer in the space provided attach a schedule in the same format. Changes of or additions to the information in this statement are to be submitted in this format. Copies of all fundraising contracts must be submitted to this office. If any of the information in this statement changes, this office **must** be notified in writing within ten (10) days of the changes. All contracts between the Professional Fundraising Consultant (PFC) and charitable organizations must be in writing and filed by the PFC with the Attorney General. Contracts shall contain the charity's legal name, their registration number, a street address, a contact party and the party's daytime telephone number. Changes or additions to the information in this statement **must** be submitted on this form. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, Charitable Trust Bureau, 115 S. LaSalle St, Chicago, IL 60603.

1. This is a (CHECK ONE and DATE): ☐ NEW REGISTRATION ☐ RE-REGISTRATION ☐ CHANGE ☐ ADDITION  
AS OF \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REGISTRATIONS and RE-REGISTRATIONS are effective upon filing of a complete registration statement with the Attorney General, and expire on the second June 30th following effective date.

1. LEGAL  
NAME \_\_\_\_\_

3. MAILING  
ADDRESS \_\_\_\_\_

PFC# 11- \_\_\_\_\_

CITY,  
STATE,  
ZIP CODE \_\_\_\_\_

PHONE  
NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

4. STREET ADDRESS (if different than above) \_\_\_\_\_

5. NAME OF PRESIDENT AND/OR MANAGEMENT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

6. TYPE OF FIRM (Corporation, Partnership, or Individual) \_\_\_\_\_  
(Corporations must ATTACH Charter and Articles)

ILLINOIS SECRETARY OF STATE'S CORPORATE FILE NO. \_\_\_\_\_

NAME OF ILLINOIS REGISTERED AGENT \_\_\_\_\_

AGENTS MAILING ADDRESS \_\_\_\_\_

(if P.O. BOX, include a street address) \_\_\_\_\_

7. GIVE PRINCIPAL ILLINOIS ADDRESS, IF ANY, AT WHICH RECORDS ARE KEPT, AND NAME OF CUSTODIAN. (NOT A P.O. BOX)

8. LIST ALL BUSINESS LOCATIONS, OTHER THAN ABOVE, USED FOR FUNDRAISING. (ATTACH SCHEDULE INDICATING ACTIVITY DESCRIPTION, STREET ADDRESS, CITY, STATE, and if temporary location, BEGINNING and ENDING USE DATES)

9. IF THE REGISTRANT USES OR OPERATES UNDER ANY NAME(S) OTHER THAN THE NAME LISTED IN NUMBER 2 ABOVE, LIST ALL OTHER NAMES USED AND ATTACH DOCUMENTATION. (e.g., REGISTRATION UNDER THE ASSUMED NAMES ACT)

10. LIST ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, AND OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK. (ATTACH SCHEDULE IF NECESSARY)

NAME	STREET ADDRESS	TITLE	% OF INTEREST
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. IF ANY OF THE PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS, OR FAMILY MEMBERS OF REGISTRANT HAVE ANY OWNERSHIP INTEREST IN ANY OTHER FIRMS PROVIDING GOODS OR SERVICES USED IN FUNDRAISING, PROVIDE THE FOLLOWING INFORMATION: (**ATTACH** SCHEDULE IF NECESSARY)

NAME of PARTY	NATURE OF BUSINESS	% INTEREST	NAME and STREET ADDRESS of BUSINESS
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12. LIST THE INFORMATION REQUESTED BELOW FOR ALL CHARITABLE ORGANIZATIONS HAVING CONTRACTS WITH REGISTRANT, WHICH ARE, OR WILL BE, IN EFFECT DURING THE REGISTRATION PERIOD INVOLVING THE RAISING OF FUNDS IN ILLINOIS, AND ATTACH COPIES OF THE CONTRACTS. (**ATTACH** SCHEDULE IF NECESSARY)

CHARITY REGISTRATION #	LEGAL NAME and STREET ADDRESS of CHARITABLE ORGANIZATION	FROM and TO DATES (M/D/Y)
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13. ☐Yes ☐No IS THE REGISTRANT LICENSED BY, REGISTERED WITH, OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR THE PURPOSE OF PROVIDING FUNDRAISING COUNSEL FOR CHARITABLE ORGANIZATIONS? IF "YES" LIST THE FOLLOWING INFORMATION: (**ATTACH** SCHEDULE IF NECESSARY)

NAME and ADDRESS of GOVERNMENTAL AGENCY	DATE of AUTHORIZATION (Month/Day/Year)
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14. ☐Yes ☐No HAS THE REGISTRANT HAD ANY LICENSE, REGISTRATION, OR PERMIT DENIED, CANCELED, OR REVOKED, OR IS ANY SUCH ACTION PENDING? IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS OF GOVERNMENTAL AGENCY, NATURE of ACTION, AND DATE of ACTION.

15. ☐Yes ☐No HAS ANY GOVERNMENTAL ACTION, OTHER THAN THOSE LISTED IN 14 ABOVE, BEEN TAKEN AGAINST THE REGISTRANT OR ANY OF ITS PRINCIPAL PARTIES, EMPLOYEES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK, OR THEIR RELATIVES IN CONNECTION WITH ANY FUNDRAISING ACTIVITY? IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS of GOVERNMENTAL AGENCY, AGAINST WHOM ACTION WAS TAKEN, NATURE of ACTION, AND DATE OF ACTION.

NOTE: VERIFICATION MUST BE BY THE CORPORATE PRESIDENT, THE CEO, THE CFO, A GENERAL PARTNER, OR THE SOLE PROPRIETOR.

#### AFFIDAVIT

I, \_\_\_\_\_, under penalty of perjury, and being sworn on oath, state that I am (circle) the CORPORATE PRESIDENT, the CEO, the CFO, a GENERAL PARTNER, or the SOLE PROPRIETOR of the registrant professional fundraising consultant, (Name of PFC) \_\_\_\_\_, and that as such, **I have personal knowledge that (Name of PFC) \_\_\_\_\_ has not or will not at any time have custody or control of charitable contributions.** I further state that I have read this entire registration statement and personally know the contents thereof to be true, and such is stated and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

\_\_\_\_\_  
(Signature & Date Signed)