



Kansas Attorney General

Kris W. Kobach

Charitable Organization Registration Unit

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Professional Fundraiser Annual Report

AG Charitable ID no.	--	Date from 7 / 1 /	To 6 / 30 /
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1a. Company's name	
1b. Additional names used or DBA (if different)	

2a. Principal street address			
City, State, Zip			
Phone, Email			
2b. Principal mailing address (if different)			

3. Name of third-party filer company (if any)			
Mailing address			
City, State, Zip			
Phone, Email			

4. Fundraising methods used		<input type="checkbox"/> Consulting only
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Mass Mail	<input type="checkbox"/> Email
<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile/Text Messages	<input type="checkbox"/> Personal Contact
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Internet	<input type="checkbox"/> Social Media
<input type="checkbox"/> Sale of Goods	<input type="checkbox"/> Special Events	<input type="checkbox"/> Radio/TV advertising
<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Vending Devices	<input type="checkbox"/> Cause-related Marketing
<input type="checkbox"/> Grant Proposals	<input type="checkbox"/> Corporate Solicitations	<input type="checkbox"/> Door-to-Door
Other:		

5. Name, address, & financial info for each contracted charity		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Charity Name			
Street			
City, State, Zip			
Gross receipts received	\$		
Itemized list of Fundraiser's expenses	<input type="checkbox"/> See attached list		
Net proceeds/revenue received by Fundraiser	\$		
Net proceeds given to charity	\$		
Fees paid/profits given to Fundraiser	\$		

Charity Name			
Street			
City, State, Zip			
Gross receipts received	\$		
Itemized list of Fundraiser's expenses	<input type="checkbox"/> See attached list		
Net proceeds/revenue received by Fundraiser	\$		
Net proceeds given to charity	\$		
Fees paid/profits given to Fundraiser	\$		
Charity Name			
Street			
City, State, Zip			
Gross receipts received	\$		
Itemized list of Fundraiser's expenses	<input type="checkbox"/> See attached list		
Net proceeds/revenue received by Fundraiser	\$		
Net proceeds given to charity	\$		
Fees paid/profits given to Fundraiser	\$		
Charity Name			
Street			
City, State, Zip			
Gross receipts received	\$		
Itemized list of Fundraiser's expenses	<input type="checkbox"/> See attached list		
Net proceeds/revenue received by Fundraiser	\$		

Net proceeds given to charity	\$
Fees paid/profits given to Fundraiser	\$

6. Name, address, & Charity solicited for by each solicitor employed		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Professional Solicitor Name			
Street			
City, State, Zip			
Registration no. for Solicitor			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Professional Solicitor Name			
Street			
City, State, Zip			
Registration no. for Solicitor			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Solicited for – Charity’s name			

Professional Solicitor Name			
Street			
City, State, Zip			
Registration no. for Solicitor			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Professional Solicitor Name			
Street			
City, State, Zip			
Registration no. for Solicitor			
Solicited for – Charity’s name			
Solicited for – Charity’s name			
Solicited for – Charity’s name			

7a. Professional Fundraiser Application submitted within last 90 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Attach application
7b. Annual Report signed by Fundraiser employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Attach POA

Signed and sworn under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. (K.S.A. 17-1763(b))

Authorized Officer signature and date

Printed name