

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

COMMERCIAL COVENTURER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 20____ (California Government Code Section 12599)



STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

Name and Address of Commercial Coventurer:

Name of commercial coventurer

Address of commercial coventurer

City, State, and ZIP Code

Name and Address of Charitable Organization:

CT No. _____ F.E.I.N. No. _____

Name of charity

Address of charity

City, State, and ZIP code of charity

Figures from (check one): National Campaign California Campaign

_____ held (on) (from) _____, 20____, to _____, 20____.
(Type of activity) (Date or dates must be shown)

Is the contract between the commercial coventurer and charity based upon a fee or percentage of revenue? Fee Percentage Other
If other, provide brief explanation _____

1. REVENUE

- A. Cash contributions _____ A.
- B. Entertainment sales or admission charges _____ B.
- C. Sales from products _____ C.
- D. Advertisement sales _____ D.
- E. Membership fees _____ E.
- F. Other sources: (Specify)
 - a. _____ Fa.
 - b. _____ Fb.
 - c. _____ Fc.
 - d. _____ Fd.

G. TOTAL REVENUE _____ G.

2. EXPENSES

- A. Fees or commissions _____ A.
- B. Salaries _____ B.
- C. Payroll taxes _____ C.
- D. Employee benefits _____ D.
- E. Cost of merchandise for resale _____ E.
- F. Cost of entertainment _____ F.
- G. Postage _____ G.
- H. Advertising _____ H.
- I. Telephone _____ I.
- J. Rental of equipment _____ J.
- K. Facilities charge _____ K.
- L. Permits _____ L.
- M. Other expenses: (Specify)
 - a. _____ Ma.
 - b. _____ Mb.
 - c. _____ Mc.
 - d. _____ Md.

N. TOTAL EXPENSES _____ N.

