MAIL TO:

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

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

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

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL REGISTRATION FORM FOR 20

Sections 12580 - 12599.5, California Government Code 11 Cal. Code Regs. Sections 311 and 312

Failure to register by January 15th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1.

A CHECK IN THE AMOUNT OF \$200 MUST ACCOMPANY THIS REGISTRATION FORM



Official Name and Address of Comme	ercial Fundraiser:							
Name of commercial fundraiser		CF Registration Number						
Address (Do Not Use P.O. Box)		Federal Employer I.D. Number						
City or Town, State and ZIP Code		Telephone Number ()						
Mailing Address (if different from Official A	Address):							
Mailing Address								
mailing Address								
City, State, and ZIP Code								
In addition to the OFFICIAL name, enter all other names and addresses under which this commercial fundraiser is known or operates:								
Legal Form of Commercial Fundraiser:	☐ Corporation	□ Unincorporated Association						
	□ Partnership	☐ Sole Proprietorship						
State in which organized	ch organized Date organized							
Enter name, individual home address, corporation or unincorporated associa								
Name	Home Address		Title/Relationship to Commercial Fundraiser					
			<u>l</u>					

Page 2	L REGISTRATION FORM FOR 20 y commercial fundraiser's activiti	es:				
	 □ Beauty Pageant □ Concert □ Discount Coupons □ Honor Boxes □ Salvageable Personal Property □ Telemarketing □ Thrift Store 		 □ Advertising Sales □ Car Donations □ Dinner □ Door-to-Door Solicitation □ Magazine Sales □ Safety Products □ Telephone Solicitation □ Trash Bags 		Baby Pageant Circus Direct Mail Entertainment Event Publication Sports Event Theater Vending Machines	
	any officer, director, partner, or ov y or indirectly, the charitable orga					
	Yes		□ No			
	If "yes," complete the following:					
Name of officer, director, partner or owner of commercial fundraiser		Name and address of charitable organization		Relationship of officer, etc. to charitable organization		
charity Has th or had	ch affiliation identified above, atta /. e commercial fundraiser ever had any official disciplinary or legal a ercial fundraiser or any of its repr	any li ction	cense, registration or permit de taken against it? Is any such ac	nied, cance	eled, suspended c tly pending agair	or revoked,
	Yes		□ No			
If "yes	," complete the following:				_	
gov	Name and address of ernment agency bringing action	Nature of action. Indicate against whom action was taken and disposition		Date		
	"X" box if attachments are inclu	ded.				
	y under penalty of perjury that I a , including attachments, is true ar					n provided
	Signature		Printed Name	-	Γitle	Date

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