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 COVENTURER FOR CHARITABLE PURPOSES

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

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

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



and Address of Commercial Coventurer:	Name and Address of Charitable Organization: CT No F.E.I.N. No	
of commercial coventurer	CT NO F.E.I.N. NO	
	Name of about.	
ss of commercial coventurer	Name of charity	
	Address of charity	
tate, and ZIP Code	<u> </u>	
	City, State, and ZIP code of charity	
from (check one): National Campaign 🔲 California Campaigr		
held (on) (from)	, 20, to, 20	
(Type of activity)	(Date or dates must be shown)	
ntract between the commercial coventurer and charity based upon a fee		
VENUE		
Cash contributions	A.	
Entertainment sales or admission charges	B.	
Sales from products	C.	
Advertisement sales	D.	
Membership fees	E.	
Other sources: (Specify)		
a	Fa.	
b	Fb.	
C	Fc.	
d	Fd.	
TOTAL REVENUE	G.	
PENSES		
Fees or commissions	A.	
Salaries	B.	
Payroll taxes	c.	
Employee benefits	D.	
Cost of merchandise for resale	E.	
Cost of entertainment	F.	
Postage	G.	
Advertising	H.	
Telephone	L	
Rental of equipment	J.	
Facilities charge	К.	
Permits	L.	
Other expenses: (Specify)		
a	Ma.	
b	Mb.	
C	Mc.	
d	Md.	

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(California Government Code Section 12599)

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3. Amount to charity (subtract line 2N from line 1G)			3.
Less additional fundraising expenses paid by charity including fee paid to commercial coventurer (to be completed by charity)			4.
Less fair market value of goods and/or services used for the ex	vent which were paid by sponsor(s)		5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3)			6.
7. (a) Does any officer, director, partner or owner of the comment for which the commercial coventurer has contracted to sol ☐ Yes ☐ No If "yes" complete the following:	-	er, directly or indirectly, the chari	itable organization
Name of officer, director, partner or owner of commercial coventurer	Name and address of charitable organization	Relationship of offic to charitable organi	
(b) For each affiliation identified in 7(a), attach copy of the cor	ntract between the commercial coventurer and the ch	arity.	
Under penalties of perjury, I declare that I have examined this report belief, it is true, correct and complete.	t, including accompanying documents, schedules and	I statements, and to the best of m	y knowledge and
Signature of authorized officer (commercial coventurer)	Printed name	Title	Date
This report must be signed by two officers or directors of the charite	able organization for verification.		
Signature of authorized officer/director (charity)	Printed name	Title	Date
Signature of authorized officer/director (charity)	Printed name	Title	Date