PROFESSIONAL SOLICITOR -REGISTRATION STATEMENT-

PLEASE TYPE OR PRINT IN BLACK INK. Respond to all items. This form must be completed in full. A copy of this form must be retained by the Professional Fund Raiser who intends to employ this party. Registration expires on June 30 each year. You must submit a new registration form for each fiscal year ended June 30. File this Registration Statement with the Attorney General's Office, Charitable Trust Bureau, 115 S. LaSalle St, Chicago, IL 60603

REGISTRATION SUPPLEMEN	TAL REGISTRATION RE-F	REGISTRATION		
THIS REGISTRATION IS FOR THE PERIOD BE	GINNINGAN	D ENDING JUN	NE 30,	
LEGAL NAME		НОМЕРНО	NE NUMBE	ER
MAIL ADDRESS		WORKPHO!	NE NUMBI	ER
CITY, STATE, ZIPCODE		BIRTHDATE	Ξ	
PFR EMAIL ADDRESS				
NAME OF PFR		PFR#		
LIST ALL CHARITABLE ORGANIZATIONS FOR WE YOU MUST SUPPLEMENT THIS REGISTRATION AT REGISTRATION BEFORE YOU START SOLICITING	ND ADD ANY NEW OR ADDITIONAL CHAR			
CO# CHARITABLE ORGANIZATION / I	NAME, CITY, STATE			
DESCRIBE THE METHOD BY WHICH YOU WILL B.	E PAID COMPENSATION. (ie. Amount Per Ho	ar, Percentage to	be paid; be p	precise)
HAS ANY LICENSE OR PERMIT BEEN DENIED, CA CONNECTION WITH SOLICITATION OF FUNDS FO			EN AGAINS	ST YOU IN
ARE YOU AN EMPLOYEE OF OR INDEPENDENT C	ONTRACTOR WITH THE PFR?			
HAVE YOU EVER BEEN CONVICTED OF A CRIME	INVOLVING THE MISUSE OR THEFT OF MO	ONEY?	☐ YES	□NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME OF	DISHONESTY, THEFT, BURGLARY, DECEPTIO	ON OR FRAUD?	\square YES	□NO
UNDER PENALTIES OF PERJURY, I DECLARE THA' AND BELIEF, IT IS TRUE CORRECT AND COMPLET		ND TO THE BES	T OF MY K	NOWLEDGE
0 II 14				
Solicitor:	SIGNATURE		DATE	
Professional Fund Raiser:				
	SIGNATURE		DATE	