

PO
90-05

KANSAS SECRETARY OF STATE
Professional Fund Raiser
Operating Statement

Kansas Secretary of State, Audit Manager:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

This form must be filed for any charitable organization before acting as a professional fund raiser for the charitable organization.
All Professional Fund Raiser Operating Statements are registered for a period of one year, July 1 through June 30.

1. This report covers the registration year of:

Beginning Date:

Month	Day	Year
7	1	

Ending Date:

Month	Day	Year
6	30	

2. Name of the professional fund raiser:

Name

3. Address of the principal place of business:

Address		
City	State	Zip

4. Name of charitable organization:

Name		
Address		
City	State	Zip

5. Fund raising activity (actual or expected):

Beginning Date:

Month	Day	Year
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Ending Date:

Month	Day	Year
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6. I declare under penalty of perjury that the foregoing is true.

Name (Printed or Typed)

Title/Position

Executed on

Month	Day	Year
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Authorized signature(s) of professional fund raiser (proprietor, or all partners, or corporate officer and titles).

Signature

