

**CURTIS T. HILL, JR.**  
**ATTORNEY GENERAL**  
OFFICE OF THE INDIANA ATTORNEY GENERAL  
5th Floor - Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204

**PROFESSIONAL SOLICITOR NOTICE FILING**

Name of the professional solicitor: \_\_\_\_\_

Name of the charitable organization: \_\_\_\_\_

Beginning and ending dates of the campaign: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENERAL INSTRUCTIONS:**

1. Answer all items completely. *Please type or print legibly.* This form must comply with Indiana Code § 23-7-8-1 *et seq.* and 11 IAC 3-1 *et seq.*
2. You must immediately notify the Consumer Protection Division of any change in the information contained in this notice filing. Extra copies of this form can be downloaded at [www.state.in.us/attorneygeneral/consumer/charityfundraisers.html](http://www.state.in.us/attorneygeneral/consumer/charityfundraisers.html).
3. This form **MUST** be submitted to the Consumer Protection Division before the projected beginning date of the solicitation campaign.
4. Do not leave questions blank. Write "N/A" if a question does not apply to you.
5. If you cannot provide a complete response to any question in the space provided, attach additional sheets as necessary to provide a complete response. Please mark any additional sheet with the number of the question to which it responds.
6. File with:                   Office of the Indiana Attorney General  
                                  Consumer Protection Division  
                                  Attn: Fundraiser Registration  
                                  5th Floor - Indiana Government Center South  
                                  302 West Washington Street  
                                  Indianapolis, IN 46204-2770

**NOTE: Please read the following definition to verify that you are completing the correct form.**

"Professional solicitor" means a person who, for a financial consideration, solicits contributions for, or on behalf of, a charitable organization, either personally or through agents or employees specifically employed for that purpose, including agents or employees specifically employed by or for a charitable organization who solicit contributions under the direction, supervision, or instruction of a professional solicitor. The term does not include a charitable organization, or an officer, a bona fide employee, or a volunteer of a charitable organization, that solicits on its own behalf.

**NOTICE FILING**

1. Provide the name, title, address, and telephone number of the person to contact regarding this campaign:

_____		
Name	Title	
_____		
Street Address		
_____		
Mailing Address (if different)		
_____		
City	State	Zip
_____		_____
Telephone Number (including area code and extension)		Telefax Number (if applicable)
_____		_____
E-mail Address		_____

2. Provide the principal address and telephone number of the professional solicitor:

_____		
Name	Title	
_____		
Street Address		
_____		
Mailing Address (if different)		
_____		
City	State	Zip
_____		_____
Telephone Number (including area code and extension)		Telefax Number (if applicable)
_____		_____
E-mail Address		_____

3. Provide the projected dates when soliciting will begin and end:

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Provide the beginning and ending dates of the contract, if different from item 3 above:

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Provide any and all addresses and telephone numbers from where solicitations will be conducted (attach additional pages, if necessary):

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Name

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Street Address

---

City

State

Zip

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Telephone Numbers (including area code)

6. Attach a copy of the signed, written contract authorizing this campaign (as described in Indiana Code § 23-7-8-2(d)) to this form.
7. Attach copies of any contracts entered into between registrant and subcontractors or independent contractors concerning fundraising activities for this campaign.
8. If the solicitation campaign is one in which the person soliciting charitable contributions uses the name "police," "law enforcement," "trooper," "rescue squad," "firemen," or "firefighter," provide a copy of the required written authorization from the bona fide police, law enforcement, rescue squad, or fire department authorizing the use of such name.
9. Percentage of gross contributions, fixed percentage of gross revenue, or a reasonable estimate of the percentage of gross revenue that the charitable organization will receive in this campaign: \_\_\_\_\_%

*This percentage must be included in the contract authorizing this campaign. This percentage must be a fixed percentage (not a minimum or a maximum percentage) of gross contributions or revenue. See Indiana Code § 23-7-8-2(d).*

PLEASE INDICATE ON WHAT PAGE OF THE CONTRACT THE PERCENTAGE APPEARS \_\_\_\_\_

10. Average percentage of gross contributions received by all charitable organizations from the solicitor for the preceding three (3) years: \_\_\_\_\_%

*This percentage must be included in the contract authorizing this campaign. See Indiana Code § 23-7-8-2(d).*

PLEASE INDICATE ON WHAT PAGE OF THE CONTRACT THE PERCENTAGE APPEARS \_\_\_\_\_

Beginning and ending dates of the campaign: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_.

I affirm under the penalties for perjury that the foregoing representations are true and accurate.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Registrant

By: \_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Printed Signature

NOTARY

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

County of Residence:

\_\_\_\_\_

\_\_\_\_\_  
Printed Signature



**EXHIBIT 'A' TO SOLICITOR NOTICE FILING**

**NOTICE: Indiana Code 23-7-8-2(e)(4) requires that the following residential information be provided as part of each solicitor notice filing, and further requires that the Division shall not divulge the residence addresses unless ordered revealed by a court or in furtherance of a prosecution of a violation of the Indiana Professional Fundraiser Consultant and Solicitor Registration Act. This entire page MUST be completed.**

1. Name of the professional solicitor: \_\_\_\_\_

2. Name of the charitable organization: \_\_\_\_\_

3. Beginning and ending dates of the campaign: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Name and residence address of each person responsible for directing and supervising the conduct of the campaign:

(a)

Name		Title
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(b)

Name		Title
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(c)

Name		Title
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(d)

Name		Title
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(Attach additional pages if necessary.)

Initials of person  
completing form \_\_\_\_\_