



Office of the Secretary of State  
Corporations & Charities Division

Charities Program • PO Box 40234 • Olympia, WA 98504-0234  
Phone: 360-725-0378 • Web Address: [www.sos.wa.gov/charities](http://www.sos.wa.gov/charities)  
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### COMMERCIAL FUNDRAISER AMENDMENT - NO FEE

Type of change being reported (check all that apply)

- Registration and/or financial information
- Change of accounting year only
- Registration closure and/or FINAL financial report

**Expedited Service \$50** (optional) Payable to "Secretary of State"

**REGISTRATION NUMBER:** (1-5 digits) \_\_\_\_\_

Need your registration number?  
Search <http://www.sos.wa.gov/charities/search.aspx>

**NOTE:** Need to amend Articles of Incorporation? Please visit the Corporations Division website for the appropriate form at [http://www.sos.wa.gov/corps/registration\\_forms.aspx](http://www.sos.wa.gov/corps/registration_forms.aspx)

**(Section 1) ORGANIZATION'S NAME**

Organization's Name \_\_\_\_\_

Did the organization's name change? If so, provide its former name below:  
\_\_\_\_\_

**(Section 2) CHANGE OF REGISTRATION/FINANCIAL INFORMATION OR ACCOUNTING YEAR**

Describe the registration information change(s) below (If necessary, attach an additional sheet)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the organization wish to report a change of accounting year? (Check one)  Yes  No

If Yes is checked, provide the new accounting year end date and the effective date of the change below

**Organization's new accounting year end date:** \_\_\_/\_\_\_/\_\_\_ **Effective date of change:** \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

The organization may use Section 4 of this form to report financial information for its short (transition) accounting period.

**(Section 3) REGISTRATION CLOSURE**

Does the organization wish to voluntarily close its registration? (Check one)  Yes  No

**If Yes is checked, the organization's registration will be closed. Indicate the reason and the effective date below:**

Organization no longer exists  Organization doesn't raise funds in WA  Organization not required to register

Effective date: \_\_\_/\_\_\_/\_\_\_ Provide an address in Section 2 where the closure confirmation letter should be mailed.  
(mm/dd/yyyy)

The organization may use Section 4 of this form to report Final financial data following voluntary closure of registration.

*(Section 4)*

**SOLICITATION REPORT**

**Begin Date** of Accounting Year (mm/dd/yyyy) \_\_\_\_\_ **End Date** of Accounting Year (mm/dd/yyyy) \_\_\_\_\_

Is this a **Final Report** following voluntary closure of registration? (Check one)  Yes  No

*Please complete the financial sections below.*

**REVENUE**

1. Total dollar value of all contributions received, either by the commercial fundraiser or the charities, as a result of services provided

(Gross Receipts / Regardless of Possession) \$ \_\_\_\_\_

**NET TO CHARITY**

2. Total dollar amount of funds either retained by, or returned to, the charities for which services were provided

(Net to Charity) \$ \_\_\_\_\_

*(Section 4 continued)* (OPTIONAL) Solicitation Comments (If necessary, attach an additional sheet.)

*(Section 5)*

**SIGNATURE**

By signing this form, the applicant –

- A.** Certifies that the information contained in the form, and its enclosures, are accurate and true to the best of the applicant's knowledge;
- B.** Irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and
- C.** Certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X \_\_\_\_\_  
**Signature of Applicant**                      **Printed Name / Title**                      **Date**                      **Phone**

*This form must be signed and dated by an officer or owner of the commercial fundraiser.*

**ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW**

- **Make checks payable to:** "Secretary of State"
- **Send regular mail to:** Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504
- **Send overnight/express mail to:** Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501

Have questions? Instructions for this form are available at <http://www.sos.wa.gov/charities/AllForms.aspx>  
For further assistance, contact the Charities Program at [commercialfund@sos.wa.gov](mailto:commercialfund@sos.wa.gov) or call (360) 725-0378 during regular business hours.