

DO NOT  
STAPLE

SUBJECT TO PUBLIC REVIEW

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234  
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: [charities@secstate.wa.gov](mailto:charities@secstate.wa.gov)

**SUPPLEMENTAL SOLICITATION REPORT  
(COMMERCIAL FUNDRAISER)**

**FEE: \$10.00**

Make fees payable to "State of Washington"

Check here to request **EXPEDITED SERVICE** (optional). If checked, please enclose an additional **\$20** fee.

**PLEASE USE THIS FORM TO (check one):**

- Report financial information that is not included in the organization's registration documents (e.g. multiple years)
- Correct the financial information reported on registration documents or to amend a previous submission
- Report financial information reflecting a change in fiscal or accounting year
- Submit a FINAL REPORT upon termination of fundraising activities in Washington State

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.  
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

**SECTION 1**

Organization's Full Legal Name:	Registration Number:
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**SOLICITATION REPORT**

Please supply fiscal/accounting beginning/ending dates and complete line items 1 & 2 (REQUIRED)

Fiscal/accounting year begin date: _____ (Mo/Day/Year)	Fiscal/accounting year end date: _____ (Mo/Day/Year)
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<b>1. Total value of contributions received, either by your organization or the charities with which you contract, as a result of services provided by your organization:</b>  <i>This is the total amount of actual money raised (gross receipts), regardless of who has possession of the funds, and should include contributions received by any affiliates of, or entities retained by, the Commercial Fundraiser (subcontractors).</i>	\$
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<b>2. Total amount of funds either retained by, or returned to, the charities for which you provide services:</b>  <i>This is the portion of money raised (gross receipts) that the charities receive or keep after all fundraising expenses, including fees paid to your organization, affiliates, and subcontractors, if any, have been subtracted (net to charity).</i>	\$
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**FUNDRAISER'S COMMENTS REGARDING SOLICITATION REPORT (OPTIONAL):**

Attach additional information or provide an explanation, if any, which the organization believes would be of assistance in understanding the financial information provided in Solicitation Report or IRS tax return, or to provide context for reported information.

**SECTION 2 - SIGNATURE (REQUIRED)**

*By signing this report, the applicant: ( a ) certifies that the information contained in the application and in the attachments is accurate and true to the best of the applicant's knowledge; ( b ) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) 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 has been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*This form may be signed by an officer or owner of the organization.*

**NOTE:** Expedited Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Service, please enclose **\$20** per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word **“EXPEDITE”** in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.