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		SUPPLEMENTAL REGIST	RATION	RE-REGISTRATION	
1.	THIS REGISTE	RATION IS FO	R THE PERIOD BEGI	NNING _	 AND EN	DING JUNE 30,
2.	LEGAL NAME				НОМЕ РН	ONE NUMBER
3.	MAIL ADDRESS				WORK PH	IONE NUMBER
	CITY, STATE, ZIP	CODE			BIRTHDAT	E
4.	NAME OF PFR	ł.			PFR #	

5. LIST ALL CHARITABLE ORGANIZATIONS FOR WHICH YOU WILL BE SOLICTING DURING THE PERIOD OF THIS REGISTRATION. YOU MUST SUPPLEMENT THIS REGISTRATION AND ADD ANY NEW OR ADDITIONAL CHARITIES BY FILING A SUPPLEMENTAL REGISTRATION BEFORE YOU START SOLICITING FOR NEW OR ADDITIONAL CHARITIES.

<u>CO #</u> <u>CHARITABLE ORGANIZATION / NAME, CITY, STATE</u>

6. DESCRIBE THE METHOD BY WHICH YOU WILL BE PAID COMPENSATION. (i.e. Amount Per Hour, Percentage to be paid; be precise)

HAS ANY LICENSE OR PERMIT BEEN DENIED, CANCELED OR REVOKED, OR HAS ANY ACTION BEEN TAKEN AGAINST YOU IN CONNECTION WITH SOLICITATION OF FUNDS FOR CHARITABLE PURPOSES?						
8. ARE YOU AN EMPLOYEE C	OF OR INDEPENDENT CONTRACTOR V	VITH THE PFR?				
9. HAVE YOU EVER BEEN CO	DNVICTED OF A CRIME INVOLVING TH	HE MISUSE OR THEFT OF MONEY?	□ YES □ NO			
10. HAVE YOU EVER BEEN CONV	ICTED OF A CRIME OF DISHONESTY, THEF	FT, BURGLARY, DECEPTION OR FRAUD?	□ YES □ NO			
UNDER PENATIES OF PERJUI AND BELIEF, IT IS TRUE COF	RY, I DECLARE THAT I HAVE EXAMIN RRECT AND COMPLETE.	ED THIS STATEMENT, AND TO THE	BEST OF MY KNOWLEDGE			
	Solicitor:		1			

SIGNATURE

DATE

Professional Fund Raiser: