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CLOSING STATEMENT FOR PROFESSIONAL FUNDRAISERS AND COMMERCIAL CO-VENTURERS CONSUMER PROTECTION

501 Washington Avenue Post Office Box 300152 Montgomery, Alabama 36130-0152 Telephone: (334) 242-7335 Fax: (334) 353-8400 www.alabamaag.gov

| 1. | Name of associated charity: | | | | |
|----|--|--|--|--|--|
| | A. Permanent mailing address: | | | | |
| | B. Telephone number: | | | | |
| | C. Alabama Registration Number: | | | | |
| 2. | ame of fundraiser or commercial co-venturer: | | | | |
| | A. Permanent mailing address: | | | | |
| | B. Telephone number: | | | | |
| 3. | Dates of Contract From:To:(Month/Day/Year) | | | | |
| 4. | Merchandise sold (description): | | | | |
| 5. | Number sold: | | | | |
| 6. | Gross income/sales: | | | | |
| 7. | Total amount of expenditures incurred during the contract: | | | | |
| 8. | Net amount to charity: | | | | |

CERTIFICATION

I, ______, certify that the information on this document and in any attachments is true and correct. I further certify that I am authorized to submit this form on behalf of

I also understand that I am under a continuing obligation to notify the Office of the Attorney General of any change in the information provided.

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| DATE | SIGNATURE |
|------|-----------|
| | TITLE |
| | PHONE |