



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 33 Capitol Street
 Concord, NH 03301-6397

FORM NHCT-26
 JOINT FINANCIAL REPORT

PAID SOLICITOR INFORMATION

NH Paid Solicitor Registration Number			
Paid Solicitor Name			
Paid Solicitor Address	City	State	Zip
Contact Name			
Contact Telephone Number	Contact Email Address		

CHARITABLE ENTITY INFORMATION *(including police, law enforcement or firefighters' associations)*

NH Charitable Trusts Unit Registration Number <i>(leave blank if charitable entity is not required to register with NH Charitable Trusts Unit)</i>			
Name of charitable trust, or police, law enforcement, or firefighters' association			
Charitable Entity Address	City	State	Zip
Contact Name			
Contact Telephone Number	Contact Email Address		

SOLICITATION CAMPAIGN INFORMATION

Date solicitation began: _____
 Date solicitation ended *(or is expected to end)*: _____

Method of Solicitation *(check all that apply)*:

- Telephone
 Mail
 Television
 Print Media
 Email/text exchange
 Social Media
 Web-based Platform
 Other _____

FINANCIAL INFORMATION

1. The figures reported are the result of *(check one)*

- National solicitation
- Limited to money received from New Hampshire

2. Revenue (campaign gross revenue) \$ _____

3. Expenses
- a. Paid solicitor fee \$ _____
 - b. Salaries and wages \$ _____
 - c. Payroll taxes & employment benefits \$ _____
 - d. Independent contractor services \$ _____
 - e. Telephone/IT \$ _____
 - f. Occupancy/rent/utilities/insurance \$ _____
 - g. Equipment rental & maintenance \$ _____
 - h. Printing, publications, postage, office supplies \$ _____
 - i. Travel \$ _____
 - j. Other expenses *(itemize on separate sheet & attach)* \$ _____

 - k. Total Expenses \$ _____
 - l. **Amount paid to charitable trust or police, law enforcement, or firefighters' associations** \$ _____

CERTIFICATION OF PAID SOLICITOR

I declare under penalty for making a false written statement to the Director of Charitable Trusts (RSA 641:3 and 8) that I am authorized to sign this certification on behalf of the paid solicitor and that the statements made in the foregoing notice and all attachments are true and accurate to the best of my knowledge.

Signature of Paid Solicitor Authorized Representative Title Date

Print Name

CHARITABLE TRUST OR POLICE, LAW ENFORCEMENT, OR FIREFIGHTERS' ASSOCIATION

An authorized representative of the charitable entity or police, law enforcement, or firefighters' association must sign below, or complete and submit Form NHCT-27.

I declare under penalty for making a false written statement to the Director of Charitable Trusts (RSA 641:3 and 8) that I am authorized to sign this certification and that the statements above and all attachments are true and accurate to the best of my knowledge.

Signature of Entity/Association Authorized Representative Title Date

Print Name