FORM NHCT-26
JOINT FINANCIAL REPORT

PAID SOLICITOR INFORMATION

NH Paid Solicitor Registration Number

Paid Solicitor Name

Paid Solicitor Address

Paid Solicitor Telephone Number

Paid Solicitor Email Address

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

NH Charitable Trusts Unit Registration Number (leave blank if charitable entity is not required to register with NH Charitable Trusts Unit)

Name of charitable trust, or police, law enforcement, or firefighters’ association

Charitable Entity Address

Charitable Entity Telephone Number

Charitable Entity 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 ______________________

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