Form NHCT-26  
Joint Financial Report  
Mail to:  
NH Attorney General  
Charitable Trusts Unit  
33 Capitol Street  
Concord, NH  03301  

PARTIES’ NAMES AND CONTACT INFORMATION  

<table>
<thead>
<tr>
<th>1. NH Registration #:</th>
<th>2. NH Registration #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Name and address of paid solicitor:</td>
<td>4. Name and address of organization on whose behalf the solicitation will be conducted:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paid Solicitor Contact</th>
<th>Charitable Organization Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Name: ____________________</td>
</tr>
<tr>
<td>Telephone #: ____________________</td>
<td>Telephone #: ____________________</td>
</tr>
<tr>
<td>Email address: ____________________</td>
<td>Email address: ____________________</td>
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</tbody>
</table>

CAMPAIGN INFORMATION  

(5) Date soliciting began ____________________________  
(6) Date soliciting ended ____________________________  
(7) Soliciting was conducted by: (Check all that apply)  

- Telephone  
- Mail  
- Television  
- Print media  
- Email/text message  
- Social media  
- Web based platform  
- Other  

(8) Are the figures reported below the result of a ______ national solicitation or _____ limited to money received from New Hampshire (check one).  

FINANCIAL INFORMATION  

(9) Campaign gross revenue $_________________  
(10) Expenses  

- Paid solicitor fee $_________________  
- Salaries and wages $_________________  
- Payroll taxes & employee benefits $_________________  
- Independent contractor services $_________________  

NHCT-26 (July 2021)
Telephone/IT $___________________
Occupancy/rent/utilities/insurance $___________________
Equipment rental and maintenance $___________________
Printing, publications, postage, office supplies $___________________
Travel $___________________
Other expenses (itemize on separate schedule and attach) $___________________

(11) Total expenses $___________________
(12) **Amount paid to charity** $___________________

**ACKNOWLEDGEMENTS**

Under penalty of perjury I declare that I have examined this Joint Financial Report, and to the best of my knowledge it is true and complete.

Date:_______________ ______________________________________________

Signature of the Paid Solicitor Officer

Printed Name ________________________________ Title ________________________________

Signed and sworn to/affirmed before me this date by the above-named person.

Date: _____________________ ______________________________________________

My Commission Expires: ____________ Notary Public

[Seal]

Under penalty of perjury I declare that I have examined this Joint Financial Report, and to the best of my knowledge it is true and complete.

Date:_______________ ______________________________________________

Signature of Charitable Organization, Police, Law Enforcement, Firefighters Association Officer

Printed Name ________________________________ Title ________________________________

Signed and sworn to/affirmed before me this date by the above-named person.

Date: _____________________ ______________________________________________

My Commission Expires: ____________ Notary Public

[Seal]