



STATE OF HAWAII
 DEPARTMENT OF THE ATTORNEY GENERAL
 TAX DIVISION
 425 QUEEN STREET
 HONOLULU, HAWAII 96813
 808-586-1480 FAX 808-586-8116

SOLICITATION CAMPAIGN/EVENT FINANCIAL REPORT - FORM AGTAX-4

Full business name of Professional Solicitor
 as registered with the Department:

Contract # : _____

 (FULL BUSINESS NAME)

CONTRACT INFORMATION

1. Name of charitable organization: _____
2. Effective and termination dates of contract : _____ through _____
3. Dates of campaign covered by this financial report: _____ through _____

FINANCIAL REPORT	National	Hawaii
1. Total contributions (only report contributions received).....		
2. Total expenses (attach itemized list of <u>all</u> expenses)		
3. Net proceeds received by the charity or net loss incurred (line 1 minus line 2).....		
4. Any additional amount received by the charity.		

Comments:

I hereby certify, under the penalties provided in section 710-1062, Hawaii Revised Statutes, that the information contained herein is true and correct to the best of my knowledge, information and belief and that if the percentage of total revenue received by the charitable organization is less than the guaranteed minimum percentage per the contract the charitable organization has agreed to accept said amount.

AUTHORIZED CONTRACTING AGENT FOR THE PROFESSIONAL SOLICITOR	PRINT NAME AND TITLE OF CONTRACTING AGENT FOR THE PROFESSIONAL SOLICITOR	DATE _____
AUTHORIZED OFFICIAL OF THE CHARITABLE ORGANIZATION	PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL OF THE CHARITABLE ORGANIZATION	DATE _____
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