



# Professional Fundraiser

## Initial registration statement

Return to: Missouri Attorney General's Office  
Attention: Rhonda Johnson  
PO Box 899  
Jefferson City, MO 65102

ENCLOSE  
\$50 FEE

MISSOURI ATTORNEY GENERAL  
CHRIS KOSTER

573-751-3321  
ago.mo.gov

### PROFESSIONAL FUNDRAISER INFORMATION

OFFICIAL NAME \_\_\_\_\_ OTHER NAMES USED (DBAs) \_\_\_\_\_  
\_\_\_\_\_

PRINCIPLE PLACE OF BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

#### ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ MO \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ MO \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

#### NAME, ADDRESS, AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS

NAME \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### TYPE OF BUSINESS ENTITY (CHECK ONE OF FOUR BOXES)

CORPORATION (Attach articles of incorporation)  
List officers' and directors' names, positions, phones and home addresses

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROFESSIONAL FUNDRAISER INFORMATION**

**TYPE OF BUSINESS ENTITY (CONTINUED)**

**PARTNERSHIP** (Attach partnership agreement)  
**List partners' names, phones and home addresses**

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10 PERCENT OF ORGANIZATION**

OWNER'S NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ INTEREST OWNED (%) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SOLE PROPRIETORSHIP**       **OTHER** (explain) \_\_\_\_\_

**SOLICITATION INFORMATION**

**NAME, ADDRESS AND PHONE OF ORGANIZATIONS FOR WHICH FUNDRAISER SOLICITED IN PAST 5 YEARS** (include current clients)

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HOW FUNDRAISER WILL BE PAID** \_\_\_\_\_  
\_\_\_\_\_

**SOLICITATION INFORMATION**

**Types of solicitation programs used** (such as personal contact, direct mail, radio and TV commercials or newspaper ads).  
Enclose all written sales presentations, ads, phone scripts or other solicitations.

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED**

\_\_\_\_\_  
INSTITUTION ACCOUNT NAME ( ) - PHONE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
INSTITUTION ACCOUNT NAME ( ) - PHONE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

**WHAT CONSUMERS WILL BE TOLD ABOUT THE CHARITY AND HOW THE FUNDS WILL BE USED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL FUNDRAISER AND CHARITABLE ORGANIZATION BACKGROUND CHECK**

**HAS A LICENSE OR PERMIT TO SOLICIT FUNDS EVER BEEN DENIED OR REVOKED?**

**If "yes," explain in detail:**

Location of action \_\_\_\_\_ Date of action \_\_\_\_\_  
(MM-DD-YY)

Governmental agency bringing action \_\_\_\_\_

NO  YES

Reason for action \_\_\_\_\_

**HAS A GOVERNMENTAL AGENCY ENJOINED OR PROHIBITED YOUR ORGANIZATION OR CHARITABLE CLIENT FROM SOLICITING?**

**If "yes," explain in detail:**

Location of action \_\_\_\_\_ Date of action \_\_\_\_\_  
(MM-DD-YY)

Agency bringing action \_\_\_\_\_

NO  YES

Reason for action \_\_\_\_\_

**HAVE ANY OFFICERS, DIRECTORS, INDIVIDUAL FUNDRAISERS OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY?**

**If "yes," explain in detail:** \_\_\_\_\_

NO  YES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

State \_\_\_\_\_ )  
County \_\_\_\_\_ ) SS.

\_\_\_\_\_ being duly sworn deposes and says, that s/he has made the foregoing professional fundraiser’s registration statement, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; and that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me, this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ (Notary Public)

**Enclose \$50 check for registration fee. Make check payable to “Missouri Merchandising Practices Fund” and return to:**  
Missouri Attorney General’s Office  
Attention: Rhonda Johnson  
PO Box 899  
Jefferson City, MO 65102