



Mail completed form to:  
 NH Attorney General's Office  
 Attn: Charitable Trusts Unit  
 One Granite Place South  
 Concord, NH 03301

**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>
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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