

DO NOT LEAVE ANY FIELDS BLANK

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being first duly sworn
(Typed or Printed Name)

say that I am the _____
(Title or Position)

of _____
(Name of Professional Solicitor or Fundraising Counsel)

and further state as follows:

1. I am the individual who completed the Professional Solicitor/Fundraising Counsel Registration Form for the period ending March 31, 20____, AND/OR I have read this registration form and know the contents thereof;
2. I solemnly affirm that the information provided in this registration form is true and complete to the best of my knowledge and belief;
3. I acknowledge that filing false, misleading or deceptive information is prohibited and may constitute a violation of ORC § 1716.14; and
4. I understand that any information I submit to the Ohio Attorney General's Office for registration and filing purposes is considered public information and may be released in a public records request.

(Signature of Affiant)

Sworn to and subscribed before me this _____ day of _____, 20____

(Notary Public Signature)

My commission expires: _____

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