

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 Office)

of _____
(Name of Professional Solicitor or Fund-raising Counsel)

and further state as follows:

1. I am the individual who has completed the foregoing Solicitation Campaign Financial Report Form;
2. I have read the foregoing Report and know the contents thereof;
3. The report is true and correct to the best of my knowledge and belief; and
4. This Report is made for the purpose of complying with the provisions of Chapter 1716 of the Ohio Revised Code.
5. In accordance with Ohio Revised Code Section 1716.07(E), a copy of this report was provided to

_____ on _____
(Name of Charitable Organization) (Date)

6. Enclosed a confirmation of receipt or other proof of mailing to the charitable organization.

(Signature)

Sworn to and subscribed before me this _____ day of _____ 20_____.

(Notary Public Signature)

Seal

(Printed Name)

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