Form PFC-01 Revised 10/24

PROFESSIONAL FUNDRAISING CONSULTANT REGISTRATION STATEMENT

PLEASE TYPE OR PRINT IN INK. Respond to all items. If unable to answer in the space provided attach a schedule in the same format. Changes of or additions to the information in this statement are to be submitted in this format. Copies of all fundraising contracts must be

KWAME RAOUL ATTORNEY GENERAL

For registrations effective during the period July,______through June 30,_____

	hicago, IL 60603. This is a (CHECK ONE and DATE): NEW REGISTRATION	☐ RE-REGISTRATION	□ CHANGE	☐ ADDITION
	AS OF/	REGISTRATIONS and RE-RE filing of a complete registration	n statement with the	Attorney General,
•	NAME NAME	and expire on the second June	30th following effec	tive date.
	MAILING ADDRESS		PFC# 11-	
	CITY, STATE, ZIP CODE	PHONE NUMBER	FEI	N
	EMAIL ADDRESS			
٠.	STREET ADDRESS (if different than above)			
	NAME OF PRESIDENT AND/OR MANAGEMENT PERSON		_TITLE	
5.	TYPE OF FIRM (Corporation, Partnership, or Individual)(Corporations must ATTACH Charter and Articles)			
	ILLINOIS SECRETARY OF STATE'S CORPORATE FILE NO.			
	NAME OF ILLINOIS REGISTERED AGENT			
	AGENTS MAILING ADDRESS			
	(if P.O. BOX, include a street address)			
	GIVE PRINCIPAL ILLINOIS ADDRESS, IF ANY, AT WHICH RE	CORDS ARE KEPT, AND NAM	IE OF CUSTODIAN	N. (NOT A P.O. BOX
).	LIST ALL BUSINESS LOCATIONS, OTHER THAN ABOVE, US ACTIVITY DESCRIPTION, STREET ADDRESS, CITY, STATE, a	ED FOR FUNDRAISING. (ATT and if temporary location, BEGIN	ACH SCHEDULE INING and ENDING	INDICATING G USE DATES)
	IF THE REGISTRANT USES OR OPERATES UNDER ANY NAMLIST ALL OTHER NAMES USED AND ATTACH DOCUMENTA	ME(S) OTHER THAN THE NAM ATION. (e.g., REGISTRATION U	ME LISTED IN NUN JNDER THE ASSU	MBER 2 ABOVE, MED NAMES ACT
0.	LIST ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXE OF THE CAPITAL STOCK. (ATTACH SCHEDULE IF NECESSANAME STREET ADDRESS	CUTIVE PERSONNEL, AND OARY)	WNERS OF TEN P	ERCENT OR MOR

REGISTRANT HAVE ANY		THER FIRMS PROVII	ONNEL, OWNERS, OR FAMILY MEMBERS OF DING GOODS OR SERVICES USED IN LE IF NECESSARY)
NAME of PARTY	NATURE OF BUSINESS	% INTEREST	NAME and STREET ADDRESS of BUSINESS
REGISTRANT, WHICH AR	REQUESTED BELOW FOR ALL CHE, OR WILL BE, IN EFFECT DURING ATTACH COPIES OF THE CONTRIEGAL NAME and STREET ADDR	NG THE REGISTRATION ACTS. (ATTACH SCH	· · · · · · · · · · · · · · · · · · ·
GOVERNMENTAL AGENC	GISTRANT LICENSED BY, REGIST Y FOR THE PURPOSE OF PROVID S" LIST THE FOLLOWING INFO RNMENTALAGENCY	ING FUNDRAISING C	COUNSEL FOR CHARITABLE
REVOKED, OR IS ANY SU	CH ACTION PENDING? IF "YES"	ATTACH A SCHEDUL	PERMIT DENIED, CANCELED, OR LE INDICATING NAME and ADDRESS OF
15. □Yes □No HAS ANY OR REGISTRANT OR ANY OF OF TEN PERCENT OR MOI ACTIVITY? IF "YES" ATT	ITS PRINCIPAL PARTIES, EMPLO RE OF THE CAPITAL STOCK, OR T	R THAN THOSE LIST YEES, OFFICERS, DIR THEIR RELATIVES IN NAME and ADDRESS	ED IN 14 ABOVE, BEEN TAKEN AGAINST TH ECTORS, EXECUTIVE PERSONNEL, OWNER CONNECTION WITH ANY FUNDRAISING S of GOVERNMENTAL AGENCY, AGAINST
NOTE: VERIFICATION MUST BE B	Y THE CORPORATE PRESIDENT, THE	CEO, THE CFO, A GENE	CRAL PARTNER, OR THE SOLE PROPRIETOR.
	AFFII	DAVIT	
fundraising consultant, (Name of PFG personal knowledge that (Name of not or will not at any time have cuspersonally know the contents thereof	PFC)	ntions. I further state that with the Illinois Attorney (of perjury, and being sworn on oath, state that I am ROPRIETOR of the registrant professional, and that as such, I have has I have read this entire registration statement and General for the purpose of having the people of the at hereby to the jurisdiction of the State of Illinois.
		(Signature & Da	te Signed)