

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT
(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



<p>Name and Address of Commercial Fund-raiser:</p> <p style="text-align: center;">428</p> <p>WEISER & ASSOCIATES 1575 N. LAKE AVENUE #200 PASADENA, CA 91104</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <u>46912</u> F.E.I.N. No. <u>95-1643324</u></p> <p>FLINTRIDGE PREP. SCHOOL 4543 CROWN AVENUE LA CANADA, 91011</p> <p>ATTN: DONNA MERCHANT</p>
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National Campaign California Campaign

TELEPHONE APPEAL held (on) (from) 1-1, 20 02 to 12-31, 20 02
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one) Fee Percentage
If other, provide brief explanation Other

1. REVENUE

- A. Cash contributions \$ 9,909 A.
- B. Entertainment sales or admission charges _____ B.
- C. Sales from products _____ C.
- D. Advertisement sales _____ D.
- E. Membership fees _____ E.
- F. Other sources: (Specify) _____ F.
- a. _____ Fa.
- b. _____ Fb.
- c. _____ Fc.
- d. _____ Fd.

G. TOTAL REVENUE \$ 9,909 G.

2. EXPENSES

- A. Fees or commissions 2762.44 A.
- B. Salaries _____ B.
- C. Payroll taxes _____ C.
- D. Employee benefits _____ D.
- E. Cost of merchandise for resale _____ E.
- F. Cost of entertainment _____ F.
- G. Postage _____ G.
- H. Advertising _____ H.
- I. Telephone _____ I.
- J. Rental of equipment _____ J.
- K. Facilities charge _____ K.
- L. Permits _____ L.
- M. Other expenses: (Specify) _____ M.
- a. _____ Ma.
- b. _____ Mb.
- c. _____ Mc.
- d. _____ Md.

N. TOTAL EXPENSES 2762.44 N.

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