

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

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

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.



Name and Address of Commercial Fund-raiser: 367 GOLD COAST PRODUCTIONS 3730 MADRONA LANE MEDFORD, OR 97501 AND 529 CF# MSA ENT 11091 Rhyolite #3 Redding, CA 96003	Name and Address of Charitable Organization: CT No. <u>064957</u> F.E.I.N. No. <u>68-0101174</u> Secret Witness of Shasta County Name of Charity P. O. Box 493818 Address of Charity Redding CA 96049 City, State, and ZIP Code of Charity
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National Campaign California Campaign
Entertainment Event: "Stayin' Alive" on 6/12/02 held ~~xxx~~ (from) April 1, 2002 to June 12, 2002
(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

REVENUE	
A. Cash contributions	<u>49,042</u> A.
B. Entertainment sales or admission charges	<u>16,620.00</u> B.
C. Sales from products	_____ C.
D. Advertisement sales	_____ D.
E. Membership fees	_____ E.
F. Other sources: (Specify)	_____ Fa.
a. _____	_____ Fb.
b. _____	_____ Fc.
c. _____	_____ Fd.
d. _____	
G. TOTAL REVENUE	<u>65,662.⁰⁰</u> G.

EXPENSES	
A. Fees or commissions	<u>5723.13</u> A.
B. Salaries	<u>26531</u> B.
C. Payroll taxes	<u>1995</u> C.
D. Employee benefits	<u>_____</u> D.
E. Cost of merchandise for resale	<u>_____</u> E.
F. Cost of entertainment	<u>7,408.87</u> F.
G. Postage	<u>3290</u> G.
H. Advertising	<u>150</u> H.
I. Telephone	<u>2414</u> I.
J. Rental of equipment	<u>_____</u> J.
K. Facilities charge - Office Rent + Utilities	<u>1970</u> K.
L. Permits	<u>130</u> L.
M. Other expenses: (Specify)	<u>_____</u> Ma.
a. <u>Insurance</u>	<u>120</u> Mb.
b. <u>OFF SUPPLIES</u>	<u>2298</u> Mc.
c. <u>MISC.</u>	<u>500</u> Md.
d. _____	
N. TOTAL EXPENSES	<u>52,530.⁰⁰</u> N.

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