

STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
REGISTRY OF CHARITABLE TRUSTS  
P. O. Box 903447  
Sacramento, CA 94230-4470

due 1/1/02 FORM CF-2 2

ANNUAL FINANCIAL REPORT

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES  
(Calif. Government Code Sec. 12599) for Calendar Year Ending December 31, 199 2002

Address of Commercial Fundraiser: 620  
Tele-Response Center, Inc.  
2824 Cottman Avenue  
Philadelphia PA 19149  
Telemarketing held (on)(from) \_\_\_\_\_  
(Kind of Activity)

Name and Address of Charitable Organization Name or Charitable Purposes:  
Miracle Lights for Kids  
PO Box 131568  
Houston, TX  
7/8/02 19, to 10/1/02 19.  
(Date or Dates must be shown)

1. REVENUE

- A. Cash Contributions
- B. Entertainment sales or admission charges
- C. Sales from products
- D. Advertisement sales
- E. Membership fees
- F. Other sources: (Specify)
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_

360504<sup>02</sup> A.  
\_\_\_\_ B.  
\_\_\_\_ C.  
\_\_\_\_ D.  
\_\_\_\_ E.  
\_\_\_\_ Fa.  
\_\_\_\_ Fb.  
\_\_\_\_ Fc.  
\_\_\_\_ Fd.

G. TOTAL REVENUE

360,504<sup>02</sup> G.

2. EXPENSES;

- A. Fees or commissions
- B. Salaries
- C. Payroll taxes
- D. Employee benefits
- E. Cost of merchandise for resale
- F. Cost of entertainment
- G. Postage
- H. Advertising
- I. Telephone
- J. Rental of equipment
- K. Facilities charge
- L. Permits
- M. Other expenses: (Specify)
  - a Printing / Fulfillment
  - b Data Processing
  - c Solicitation Fees
  - d \_\_\_\_\_

\_\_\_\_ A.  
\_\_\_\_ B.  
\_\_\_\_ C.  
\_\_\_\_ D.  
\_\_\_\_ E.  
\_\_\_\_ F.  
18185 .53 G.  
\_\_\_\_ H.  
\_\_\_\_ I.  
\_\_\_\_ J.  
\_\_\_\_ K.  
\_\_\_\_ L.  
36732<sup>37</sup> Ma.  
2234 40 Mb.  
276684 .72 Mc.  
\_\_\_\_ Md.

N. TOTAL EXPENSES

333837<sup>02</sup> N.

3. Distribution or net to charitable organization or charitable purposes

24667<sup>00</sup> 3.

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which Commercial Fundraiser has contracted to solicit?  
 Yes  No If "yes", complete the following:

| Name of officer, director, partner or owner of Commercial Fundraiser | Name and Address Charitable Organization | Relationship of officer, etc. to Charitable Organization |
|--|--|--|
|  |  |  |

(b) For each affiliation identified under 4(a), attach copy of contract between commercial fundraiser and charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (Commercial fundraiser) \_\_\_\_\_  
 Printed Name Shurt Discount Title President Date \_\_\_\_\_

This report \_\_\_\_\_ charitable organization for verifying the distribution.

Signature \_\_\_\_\_  
 Printed Name Larry Scheffler Title Chair Date 12/1/02

Signature of authorized officer/director (Charity) \_\_\_\_\_  
 Printed Name Ann D. McGee Title Pres. Date 12/12/02

Registry of Charitable Trusts  
Attorney General's

DEC 26 2002

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