

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

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2004 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.

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079  
  
WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Name and Address of Commercial Fund-raiser:  
  
CF 366  
  
SHARE GROUP, INC.  
99 Dover St.  
Somerville, MA 02144

Name and Address of Charitable Organization:  
  
CT No. 109091 F.E.I.N. No.  
AMERICAN CIVIL LIBERTIES UNION  
Name of Charity  
125 Broad Street  
Address of Charity  
New York NY 10004  
City, State, and ZIP Code of Charity

Figures from (check one): National Campaign  California Campaign

Telemarketing held (on) (from) 7/16/2004, 20, to 12/31/2004, 20  
(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)  
If other, provide brief explanation: \_\_\_\_\_ Fee  Percentage   
Other

1. REVENUE		
A. Cash contributions	\$779462.93	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)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.
G. TOTAL REVENUE	\$779462.93	G.

2. EXPENSES		
A. Fees or commissions	_____	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)		
a. _____	_____	Ma.
b. _____	_____	Mb.
c. _____	_____	Mc.
d. _____	_____	Md.
N. TOTAL EXPENSES	n/a	N.

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- 3. Amount to Charity (subtract line 2N from line 1G) \$779462.93 3.
- 4. Less additional fund-raising expenses paid by charity (to be completed by charity) \$572245 4.
- 5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5. ✓
- 6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) \$207217.93 6.

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

Yes  No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the 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 Fund-raiser) Christopher Canniff Treasurer & CFO 1-31-05  
Printed Name Title Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

\_\_\_\_\_  
 Signature of authorized officer/director (Charity) ALMA MONTELAIR DIRECTOR OF FINANCE 1/26/05  
Printed Name Title Date

\_\_\_\_\_  
 Signature of authorized officer/director (Charity) DONNA MCKAY DIRECTOR OF DEVELOPMENT 1/26/05  
Printed Name Title Date