

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

SCHEDULE A-2
SOLICITATION ACTIVITIES DURING FISCAL YEAR COVERED BY THIS REPORT

Organization Name: Reason Alliance, Ltd.

Report for the Fiscal Period: Sep 26, 2014 to Dec 31, 2014

Attorney General's Account # Pending 057217

Federal ID #: 471933964

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ad	<input type="checkbox"/>	Grant proposals	<input checked="" type="checkbox"/>

Other (please describe): _____

Identify the method or methods you expect to use for fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: None at this time

Address: _____

City: _____ State: _____ Zip: _____

Professional Fundraising Counsel Name: None at this time

Address: _____

City: _____ State: _____ Zip: _____

Commercial Co-Venturer Name: None at this time

Address: _____

City: _____ State: _____ Zip: _____

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SCHEDULE A-2 CTD.
SOLICITATION ACTIVITIES DURING FISCAL YEAR COVERED BY THIS REPORT

Identify the individuals who will have final responsibility for the charity's custody of contributions.

Name and Title: Doug Misicko
Address: 519 Somerville Ave #288
City: Somerville State: MA Zip: 02143

Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____

Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions.

Name and Title: Doug Misicko
Address: 519 Somerville Ave #288
City: Somerville State: MA Zip: 02143

Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____

Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____

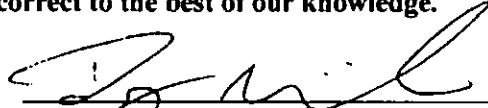
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CERTIFICATION BY ORGANIZATION


Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:  Date: 10/14/2014

Print Name: DOUGLAS A MYSZCZKO

Title: PRESIDENT

Signature:  Date: 10/14/2014

Print Name: Gen Selig

Title: AUTHORIZED AGENT