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#### Alcohol and Gaming Commission of Ontario Gaming Registration & Lotteries 90 SHEPPARD AVE E SUITE 200 TORONTO ON M2N 0A4

Telephone: 416 326-8700 or 1 800 522-2876 toll free in Ontario

Website: www.agco.on.ca

**Group Identification Number (GIN)** 

Electro	onic	50/	<b>50</b>
Raffle	Rep	ort	

This report must be submitted to the lottery licensing authority on a monthly

		basis.
1. Report Inform	ation	
Name of Charitable Orga	nization	
Name of Premise		
Lottery Licence No.	Report Period	
	From:	То:
Ticket Prices		Total Anticipated Number of Draws

### 2. Details of Gross Receipts and Prizes Awarded

Date and Time of Draws	CAN \$ Receipts Only	Seed Money	Main Prize	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	¢.	r.	r.	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
			T	*
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
			T	T
	\$	\$	\$	\$
	\$	\$	\$	\$
COADE (2040) A Ouranda Brita	\$	\$	\$	\$

# ( 2. Cont'd. )

Date and Time of Draws	CAN \$ Receipts Only	Seed Money	Main Prize	Total
	\$	\$	\$	\$
	Ψ	Ψ	Ψ	Ψ
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Totals:	\$	\$	\$	\$

## 3. Details of Administrative Expenses

Item	Name and Address of Payee	Cost
Premises Rent		\$
Gaming-Related Supplier Fee		\$
Licence Fee		\$
Other (specify)		\$
	Total Administrative Expenses:	\$
	Net Proceeds Derived:	\$

## 4. Details of Donations

Name of Payee	Address of Payee	Amount Donated
		\$
		\$
		\$
Total value of proceeds a	\$	

6048E (2016/11) Page 2 of 3

<b>5</b> .	Chartered Bank, Loan or Trust Company or Province of Ontario Savings Office i	in
	which the Lottery Trust Account is kept.	

Name of Bank	Branch Address	Account Number
Balance of proceeds retained in Lottery Trust Account		\$

# **Declaration**

We, the undersigned, as two Principal Officers of the		
	Charitable Organization certify that this report is	
a correct statement of the lottery funds referred to herein.		

	Charitable Organization Officer	Charitable Organization Officer
Signatura		
Signature		
Print Name in Full		
Title		
Tide		
Address		
Business Telephone	( ) –	( ) –
Date of Signing		

6048E (2016/11) Page 3 of 3