



Alcohol and Gaming
 Commission of Ontario
 Gaming Registration & Lotteries
 90 Sheppard Ave. East, Suite 200
 Toronto, Ontario M2N 0A4
 Tel: (416) 326-8700 or
 Toll free in Ontario 1 800 522-2876

Charitable Gaming Report

This form must be completed by a Licensee conducting charitable gaming events in a pooling bingo hall and submitted to the Licensing Authority on a monthly basis.

1. CONTACT

Last Name	First Name	E-mail Address	
		Telephone Number	
Position		Facsimile Number	
Street Address		City	Postal Code

2. LICENSEE

Name	GIN (if applicable)
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3. REPORT INFORMATION

- a) Report completed for the month ended: _____.
- b) Licence number(s): _____.
- c) Licence period: from: _____ to: _____.
- d) Number of events conducted for the month: _____.

4. ADMINISTRATIVE EXPENSES

List all administrative expenses and licence fees incurred during the licence period:

Administrative Expenses and Licence Fees	Amount (\$)
Total Administrative Expenses	

NOTE: Attach a separate sheet labelled Question 4 if necessary.

5. **NET PROCEEDS**

	Amount (\$)
Proceeds received from the Hall Charities Association	
Less Total Administrative Expenses (from Question 4)	
Net Proceeds	

6. **SHORTAGES**

List any shortages from the conduct and management of charitable gaming events deducted from the proceeds received from the Hall Charities Association during the licence period.

Date	Explanation	Amount (\$)
Total Shortages		

7. **LOTTERY TRUST ACCOUNT**

Name of Financial Institution				Amount (\$)
Account Number				
Opening balance				
Deposits				
Date	Item			Amount (\$)
Total deposits				
Withdrawals				
Date	Cheque No. or EFT Reference No.	Payee /Purpose	Amount (\$)	
Total withdrawals				
Interest				
Discrepancies (attach a written explanation)				
Closing Balance				

NOTE: Attach a separate sheet labelled Question 7 if necessary.

8. USE OF NET PROCEEDS

- a) Total charitable expenditures as per uses of proceeds approved on the charitable gaming event licence(s) during the licence period: \$ _____.
- b) Details of charitable expenditures as per uses of proceeds approved on the charitable gaming event licence(s) during the licence period:

Name of Payee	Address of Payee	Amount (\$)

NOTE: Attach a separate sheet labelled Question 8(b) if necessary.

DECLARATION

We, the undersigned, declare that:

- We are bona fide members of the Licensee;
- We have been authorized to file this report on behalf of the Licensee; and
- All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.

Principal Officer

Signature
 Print Name
 Title
 Date
 Telephone Number
 Facsimile Number
 E-mail Address

Principal Officer