

Texas Hold'em Financial Report

Ongoing and Limited Series Licence Reporting Periods								Licensed Organization Information			
Please indicate your reporting period as noted in your					e letter		Licence #				
O Quarterly**		0	Monthly		eries/Single Event	Organization Name & Address					
What Quarter are you reporting?				nt Month are	Please refer to your licence for the reporting period						
			you	you reporting?		to					
	,	20	20		20						
		ROSS /ENUE	CASH PRIZES	CASH EXPENSES	CALCULATED DEPOSIT	EVENT DEPOSIT	PREPAID FEES DEPOSITED	SHORT (OVER)			
			Α	В	С	D	E	E	F		
GRAND		Α			_	D			F		
TOTALS:				\$	\$	\$	\$	\$	\$		
Please make your licence fee cheque payable to the LGCA		X	1.0%	Apply for the Excel version or print more blank copies of this report at www.LGCAmb.ca.							

Enter all cheques issued and pre-authorized payments made during this reporting period.										
DATE	CK#	PAYEE	DESCRIPTION (PURPOSE)	USE OF PROFIT DISBURSEMENTS	TX HOLD'EM PRIZES PAID BY CHEQUE	RENT AND/OR LICENCE FEE	EQUIPMENT	ADVERTISING	WAGES	OTHER EXPENSES
22		777.22	2233Nii 110N (1 01Ni 002)							
					ш					
			G	H						
			Grand Totals* *Grand totals must be provided for all columns					TOTAL E	XPENSES CHEQUE	□ \$

TX HOLD'EM EXPENSES

LOTTERY ACCOUNT CHEQUE REGISTER



Questions regarding your report can be directed to the LGCA Audit department. Call us at 204-927-5300 or toll free at 1-800-782-0363. You can also email us at audit@LGCAmb.ca

Important notice for Limited Series and Single Event licensees regarding bank statement requirements:								
First time licensees	must be ro our last r : Bank st	ecorded on eport to the atements n	this repended most of	oort. Bank stater	atements m ment availab om the time	ust be submitted ole. you opened the		
Quarterly and Mont		_		ald only subn od being rep		statements that		
				<u> </u>				
LOTTERY BANK ACCOU	NT INFORM	ATION:						
BANK NAME:								
BANK ADDRESS: ACCOUNT #	#				#			
ACCOUNT #	· · · · · · · · · · · · · · · · · · ·	QUING	- #	SAVINGS	# INVESTME	NT		
ACTUAL BALANCE ON B	SANK STATE	EMENT (AT TH	HE END (F THIS REPOR	TING PERIOD))		
\$	+ \$	•	+ \$			= \$		
CHEQUING	S	AVINGS		INVESTMENT				
PLUS OUTSTANDING DE	POSITS:				_			
					_ _	+		
LESS OUTSTANDING CH	IEQUES:			-	_			
					_			
				_	<u>—</u>			
					_			
					_			
ACTUAL ADJUSTED BAN	NK BALANC	E:			=	J		

ВА	NK SUMMARY STATEMENT							
1.	OPENING LOTTERY BANK BALANCE AT	NODT EIL ED)	1\$					
2.	REVENUE: (Box A, Page1)	PORT FILED)	2\$					
3.	PRIZES: CASH (Box B, page 1)							
	CHEQUE (Box H, page	2)		+				
			TOTAL PRIZES	=	3\$()		
4.	EXPENSES: CASH (Box C, page 1)	DESCRIPTION WAGES	AMOUNT	-				
	EXPENSES: CHEQUE (Box I, page 2)			+				
			TOTAL EXPENSES	=	4. \$()		
5.	USE OF PROFIT/DISBURSEMENTS: (Box	G, page 2) <u>DESCRIPTION</u>	AMOUNT		5 . <u>\$(</u>)		
	6. OTHER WITHDRAWALS:	BANK CHARGES		- =	6. \$()		
	7. OTHER RECEIPTS:	INTEREST		<u></u>		,		
				<u> </u>	7. <u>\$</u>			
8.	CALCULATED ENDING BANK BALANCE		8 \$					
9.	ACTUAL ADJUSTED BANK BALANCE (Be	ox J, page 3)			9 . \$			
10	. (SHORTAGE)/OVERAGE (LINE 8 - 9)				10\$			
		CER	TIFICATION					
	WE, the undersigned, have examined the re	cords and accoun	ts of					
		(NIAME OF	ORGANIZATION)					
	with respect to the above described lottery, t	the information cor	,	-	nization's			
	DATED THIS	20						
	SIGNATURES OF THE PRESI	DENT AND ONE	PRINCIPAL OFFICER A	RE REQUIRED	ON THIS FORM			
		SIG	SNATURE					
			NT NAME					
	PRESIDENT		ICE HELD					
		ΑI	DDRESS					
			TAL CODE					
BU		TELEPHONE		BUS:	RES:			
	1AIL:			EMAIL:				
NA	ME (PRINT)		#	EMAIL:	LETING THE STREET			
_	PLEASE ENTER THE NAME, DAYTIME	: IELEPHONE NUN	IBER AND EMAIL OF THI					
CC	ontact us at: LGCA Manitoba		Phone: 204-927-5300					
	1055 Milt Stegall I			Toll Free: 1-800-782-0363				
	Winnipeg, Manito	ua K3G UZ0		Fax: 204-927-5385 Email: audit@LGCAmb.ca				