| LG | | Local Ga Raffle Fi | aming Authority inancial Report | | |
|--------------------------|---|-------------------------------------|---|---|--|
| PLEASE PRINT | rganization Name _ Address | | | | |
| Date Raffle Sales Began: | | Raffle Draw Date: | | | |
| TICKETS PRINTED | TICKETS UNSOLD | TICKETS SOLD | SELLING PRICE X PER TICKET | = GROSS REVENUE | |
| | | | x x x | | |
| | | | GROSS REVENUE: PRIZES AWARDED: | 1) <u>\$</u> 2) <u>\$ ()</u> | |
| | SUMMARY OF EXPERING RAFFLE TICKET PRINT OTHER PRINTING COS ADVERTISING WAGES OTHER (SPECIFY) | TING | \$ \$ \$ \$ \$ \$ \$ TOTAL EXPENSES: | _ _ _ _ _ 3) <u>\$ ()</u> | |
| | | NET PROFIT (LOSS) (Line 1 - 2 - 3): | | 4) <u>\$</u> | |

Please remember that this form and all supporting receipts must be kept for at least three years.

DETAILS OF HOW NET PROFITS FROM LINE 4 (page 1) WERE SPENT:

| DATE | CK # | PAYEE | DESCRIPTION | (Charitable purpose or project) | \$ AMOUNT |
|------|-------|---|---|------------------------------------|-----------|
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| | lf fu | rther space is required to list additional disbursements of net proceeds, p | blease attach extra pages as necessary. | TOTAL | \$ |

Please enter the name and telephone number of the person completing this report.

Name: Phone: