

**PLEASE PRINT**

**Name of Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date Calcutta Auction Held** \_\_\_\_\_  
(Date)

**STATEMENT OF CALCUTTA AUCTION INCOME:**

**TOTAL RECEIPTS FROM CALCUTTA AUCTION:** 1. \$ \_\_\_\_\_

**PRIZES:** 2. \$ \_\_\_\_\_

**EXPENSES:**

Specify \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

LICENCE FEE (1.0% OF TOTAL RECEIPTS, LINE 1) \$ \_\_\_\_\_

**TOTAL EXPENSES** 3. \$ \_\_\_\_\_

**NET PROFIT (LOSS) (Line 1 - 2 - 3)** 4. \$ \_\_\_\_\_

**LOTTERY BANK ACCOUNT INFORMATION**

The receipts derived from this Calcutta Auction were maintained in:

(Name and Address of Financial Institution)

Lottery Bank Account No(s)

**NOTE: COPIES OF BANK STATEMENTS FOR THE PERIOD OF THE EVENT MUST BE PROVIDED.**

**CHEQUE REGISTER:** List all cheques issued in relation to this lottery.

DATE	CK #	PAYEE	DESCRIPTION	EXPENSE	USE OF PROFIT
<b>TOTALS</b>				4 \$	5 \$

The total in box 4 should equal the amount on line 3, page 1.  
 The total in box 5 should equal the amount on line 4, page 1. If box 5 is less than line 4, page 1, then an additional disbursement list and copies of appropriate bank statements must be submitted in 30 days, at which time all funds must be paid out (as per the licence application).

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SIGNATURES OF THE PRESIDENT AND ONE PRINCIPAL OFFICER ARE REQUIRED ON THIS FORM.

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**CERTIFICATION**

WE, the undersigned, have examined the records and accounts of; \_\_\_\_\_  
(Name of Organization)

with respect to the above described lottery, the information contained herein is correct to the best of our knowledge and belief, and we hereby attest that all procedures were in accordance with the terms and conditions of the licence.

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

		Signature		
		Print Name		
		Office Held		
		Address		
		Postal Code		
Bus:	Res:	Telephone	Bus:	Res:

Please enter the name and daytime telephone number of the person completing this report if it is different from those shown above. Name: \_\_\_\_\_ Phone: \_\_\_\_\_