

# Laurentian Valley Township Bingo Pooling Report

|  |             |                 |
|--|-------------|-----------------|
| Name of organization:  |             |                 |
| Address:   |             |                 |
| Bingos held at Stafford Bingo Country, 1371 Pembroke Street West |             | Postal Code:    |
| License No:  | Month:      |                 |
| Treasurer:   | Home Phone: | Business Phone: |

This report covers the following events managed by our charity:

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Day / Month / Year      Time

### Lottery Trust Account Balance

|  |     |    |
|--|-----|----|
| Balance from Last Report                               | =   | \$ |
| Regular Bingo share                                    | +   | \$ |
| Super Jackpot shares                                   | +   | \$ |
| Nevada shares  | +   | \$ |
| Super Star shares                                      | +   | \$ |
| Progressive games shares                               | +   | \$ |
| Over / Under   | +/- | \$ |
| Administration Expenses <i>(max 1%, \$36.00/event)</i> | -   | \$ |
| Donations, <i>details on rear</i>                      | -   | \$ |
| Bank Charges   | -   | \$ |
| Bank Interest  | +   | \$ |
| Balance as of this Report                              | =   | \$ |

**NOTE:** *It is not required to submit administration receipts, however they must be kept by the charity for 4 years for audit purposes.*

*: It is not required to submit verification of over/under, however records must be kept by the charity for 4 years for audit purposes.*

**List of Charitable Donations or Expenses** *(attach list if more space required)*

| Name of Payee <i>(eg. City of Pembroke)</i> | Particulars <i>(ice rental for minor hockey)</i> | Amount |
|---|--|--------|
|   |  |        |
|   |  |        |
|   |  |        |
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|   |  |        |
|   |  |        |
|   |  |        |
|   |  |        |
| Total Donations since last report           |  | \$     |

The undersigned, as **two Principal Officers of the Licensed Charity**, certify that this report is a correct statement of the Lottery Funds referred to herein. *(To be signed by two members of the executive)*

Signature \_\_\_\_\_  
 Print name in full \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone H \_\_\_\_\_, W \_\_\_\_\_  
 Dated this \_\_\_\_ day of \_\_\_\_\_, 2005

Signature \_\_\_\_\_  
 Print name in full \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone H \_\_\_\_\_, W \_\_\_\_\_  
 Dated this \_\_\_\_ day of \_\_\_\_\_, 2005

This report must be filed with the Municipality by the 15<sup>th</sup> day of the end of the reported month.

|                    |
|--------------------|
| comments or notes: |
|                    |
|                    |
|                    |