

Occasionally, additional information may be requested by the Licensing Department. For further assistance contact the Licensing Department at 519.360.1998 or email cklicensing@chatham-kent.ca

Name of Organization
Mailing Address of Organization
Name and phone number of Lottery Coordinator
Type of Lottery Account reporting on (Bingo, Raffle, Nevada)

1. Reporting Period for which this report is made. This report must be completed once per year.

Year Ending December 31 st , _____ (DUE FEBRUARY 15 th)
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2. Cheques written from lottery account during reporting period. Attach additional page if necessary.

Cheque Date	Cheque No.	Payee	Purpose	Amount

3. Details of lottery bank account.

Name of Bank	Branch-Address	Account No.

4. Summary of lottery revenues and expenditures

Gross lottery proceeds deposited into lottery account for the year \$ _____
 Gross lottery proceeds spent from the lottery account for the year \$ _____
 Actual bank statement balance as of December 31 _____ \$ _____

Certificate

This report was prepared by: _____ Phone _____

Signed and certified correct this _____, day of _____.

We, the undersigned, as the two Principal Officers of the above organization certify that the above report is a correct statement of the Lottery funds referred to herein.

Principal Officer		Second Principal Officer
	Signature	
	Print Name in Full	
	Title	
	Individuals Contact Telephone Number	
	E-mail Address	
	Date of Signing	

Please attach a copy of the prior years bank statements (JAN to DEC) with this report (Raffle Lottery accounts only). Do NOT including bank statements for EBingo, AGCO Bingo, or Nevada accounts. Reports not containing this information shall be considered incomplete.

2. Cheques written from lottery account during reporting period. Attach additional page if necessary.

Cheque Date	Cheque No.	Payee	Purpose	Amount