



**B. EXPENDITURES** (Only payments directly related to the conduct of the raffle. Attach schedule if additional space is required.)

Describe Expenditure	Payee	Check No.	Amount
1. Total Value of Prizes (Part E):	_____	_____	_____
2. Tickets:	_____	_____	_____
3. License Fee:	_____	_____	_____
4. Raffle Equipment & Supplies:	_____	_____	_____
5. Services:	_____	_____	_____
6. Rent:	_____	_____	_____
7. Other Expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
8. Total Expenditures (Add lines B1 through B7):	_____		

**C. NET PROFIT OR (LOSS)**

1. Net Profit (or Loss) Before Additional License Fee (line A3 less line B8):	_____
2. Less: Profit not subject to Additional License Fee:	<b>-\$30,000</b>
3. Profit (or Loss) Subject to Additional License Fee (line C1 less line C2):	_____
4. Additional License Fee (2% of Line C3) (list check number:_____):	_____
5. Net Profit (or Loss) (Line C3 less Line C4):	_____

**D. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS**

- 1. Unexpended balance of net proceeds shown on last report: \_\_\_\_\_
- 2. Net Profit (or Loss) from this raffle (line C1): \_\_\_\_\_
- 3. Interest earned on net proceeds on deposit in interest bearing account(s): \_\_\_\_\_
- 4. Other deposits into or adjustments in Special Games of Chance Account: \_\_\_\_\_
- Explanation: \_\_\_\_\_
- 5. Total Net proceeds (Add lines D1 through D4): \_\_\_\_\_

Disbursements of Net Proceeds since last report: (Attach schedule if more space is needed)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 6. Total Disbursements: \_\_\_\_\_
- 7. Unexpended balance of net proceeds (line D5 less line D6): \_\_\_\_\_

**E. SCHEDULE OF PRIZES** (*Cash or Fair Market Value of Merchandise Prize(s)*)

Description of Prizes	Value
_____	_____
_____	_____
_____	_____
_____	_____
Total Value of Prizes (Report on line B1):	_____

**F. SCHEDULE OF DONATED PRIZES** (*Cash or Fair Market Value of Merchandise Prize(s)*)

Description of Prizes (Donated Only)

Value

_____	_____
_____	_____
_____	_____
_____	_____

Total Value of Donated Prizes

\_\_\_\_\_

**G. TOTAL VALUE OF ALLPRIZES** (Total from Part E plus Part F):

\_\_\_\_\_

**H. DECLARATION:** (All three sections must be signed. Unsigned reports will be returned):

**I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.**

**Head of Organization:**

_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>
_____	
<i>Email Address</i>	

**Preparer of Report:**

_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>
_____	
<i>Email Address</i>	

**Member In Charge:**

_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>
_____	
<i>Email Address</i>	