

# BINGO REVENUE MODEL REPORTING CHECKLIST

- Reports **MUST** be completed and provided to the Charities Association Administrator in the following order.
- It is the responsibility of the Association Administrator to submit the reports to the Municipality.

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(Starting from top)

- AGCO Charitable Gaming Event Report (Form 4225B)**
  - this report is to be completed after each session
  - 3 Sessions for Thursday event
  - 4 Sessions for Friday, Saturday & Sunday events
  - Question 4(a) – attach Classic Bingo III Hall Sheet
  - Question 4(b) - information found on Hall Sheet
  - **last** session report should also include
  - Question 3(b) – attach Nevada (Break Open) Summary Page
  
- Honorarium Sheet** – signed by Bona Fide members
  
- AGCO Charitable Gaming Report (Form 4226B)**
  - summary of all sessions:
    - Question 6 – attach Event Summary Control Sheet (Municipal Form);
    - Question 7 – attach Report Calculation Sheet (Municipal Form)
    - Question 8(b) – attach a separate donation page (donations must be made in accordance with Section 4 of the Charitable Gaming Application, as approved).
  
- Charity Prize Board Sheet** (Hall form)
  
- Charity Deposit Sheet** (Hall form)
  
- Deposit Tracking Form** (Charity Association form)
  - a summary of all deposits for each session as well as the final deposits to be made into the Charity's Pooling Accounts
  
- Bank Deposit Slips** – U.S. & CAN Charity's Association Pooling Account
  
- Event Summary Control Sheet** (Municipal Form)
  - supports Question 6 of AGCO Charitable Gaming Report
  
- Bank Deposit Slips** – Monthly pooling cheque from Association
  - proof of deposit
  
- Report Calculation Sheet** – (Municipal Form)
  - supports Question 7 of AGCO Charitable Gaming Report
  
- Bank Statements** (Canadian & U.S.)
  - copy of charity's bank statement
  - evidence of deposit of pooling cheques, expenses & donations



Alcohol and Gaming  
 Commission of Ontario  
 Gaming Registration & Lotteries  
 90 Sheppard Ave. East, Suite 200  
 Toronto, Ontario M2N 0A4  
 Tel: (416) 326-8700 or  
 Toll free in Ontario 1 800 522-2876

## Charitable Gaming Event Report

This form must be completed by the Licensee after every charitable gaming event and forwarded to the Hall Charities Association Administrator.

### 1. LICENSEE

Name	GIN (if applicable)
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### 2. EVENT INFORMATION

- a) Licence number: \_\_\_\_\_
- b) Event date: \_\_\_\_\_
- c) Event time: \_\_\_\_\_
- d) Total attendance: \_\_\_\_\_

### 3. BREAK OPEN TICKET REVENUE

- a) Were break open tickets sold during the charitable gaming event?

- No → Proceed to Question 4.
- Yes → Proceed to Question 3(b).

- b) Type of break open tickets sold: **See Attached Nevada Game Sheet**

Ticket Type	Canadian Currency				American Currency			
	No. of Individual Tickets	Price per Ticket	Gross Receipts	Prizes Awarded	No. of Individual Tickets	Price per Ticket	Gross Receipts	Prizes Awarded
Totals:					Totals:			

**NOTE:** Attach a separate sheet labelled Question 3(b) if necessary.

c) Break Open Ticket Win:

	Canadian Currency	American Currency
Gross Receipts		
Less the value of Prizes Awarded		
Break Open Ticket Win		

4. BINGO REVENUE

a) Bingo Events: See Attached - Classic Bingo III Hall Sheet

Games	Canadian Currency				American Currency				
	No. of Cards Sold	Price per card	Gross Receipts	Prizes Awarded	No. of Cards Sold	Price per card	Gross Receipts	Prizes Awarded	
Totals:					Totals:				

NOTE: Attach a separate sheet labelled Question 4(a) if necessary.

b) Bingo Win:

	Canadian Currency	American Currency
Gross Receipts		
Less the value of Prizes Awarded		
Bingo Win		

5. ADMINISTRATIVE EXPENSES

	Name	Amount (\$)	Amount (\$)
Reimbursed Out of Pocket Expenses (receipts must be attached for reimbursements over \$10.00)			
	Total Reimbursed Out of Pocket Expenses:		
Licence Fee <b>not deductible from deposit</b>			
Shortages related to the sale of charitable gaming products by licensee			
Total Administrative Expenses:			

**6. DEPOSIT**

- a) Total Canadian Currency deposit: \$\_\_\_\_\_.
- b) Total American Currency deposit: \$\_\_\_\_\_.

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**DECLARATION**

We, the undersigned, declare that:

- We are bona fide members of the Licensee;
- We have been authorized to file this report on behalf of the Licensee; and
- All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.

Principal Officer

Signature  
Print Name  
Title  
Date  
Telephone Number  
Facsimile Number  
E-mail Address

Principal Officer

**Classic Bingo III**  
**Hall Sheet**

**HONORARIUM  
PAGE**



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 Commission of Ontario  
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 Toronto, Ontario M2N 0A4  
 Tel: (416) 326-8700 or  
 Toll free in Ontario 1 800 522-2876

# Charitable Gaming Report

This form must be completed by a Licensee conducting charitable gaming events in a pooling bingo hall and submitted to the Licensing Authority on a monthly basis.

## 1. CONTACT

Last Name	First Name	E-mail Address	
		Telephone Number	
Position		Facsimile Number	
Street Address		City	Postal Code

## 2. LICENSEE

Name	GIN (if applicable)
------	---------------------

## 3. REPORT INFORMATION

- a) Report completed for the month ended: \_\_\_\_\_.
- b) Licence number(s): \_\_\_\_\_.
- c) Licence period: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_.
- d) Number of events conducted for the month: \_\_\_\_\_.

## 4. ADMINSTRATIVE EXPENSES

List all administrative expenses and licence fees incurred during the licence period:

Administrative Expenses and Licence Fees	Amount (\$)
<b>Total Administrative Expenses</b>	

**NOTE:** Attach a separate sheet labelled Question 4 if necessary.

5. **NET PROCEEDS**

	Amount (\$)
Proceeds received from the Hall Charities Association	
Less Total Administrative Expenses (from Question 4)	
<b>Net Proceeds</b>	

6. **SHORTAGES - See Attached Event Summary Control Sheet**

List any shortages from the conduct and management of charitable gaming events deducted from the proceeds received from the Hall Charities Association during the licence period.

Date	Explanation	Amount (\$)
<b>Total Shortages</b>		

7. **LOTTERY TRUST ACCOUNT - See Attached Report Calculation Sheet**

Name of Financial Institution				Amount (\$)
Account Number				
<b>Opening balance</b>				
<b>Deposits</b>				
Date	Item			Amount (\$)
<b>Total deposits</b>				
<b>Withdrawals</b>				
Date	Cheque No. or EFT Reference No.	Payee /Purpose	Amount (\$)	
<b>Total withdrawals</b>				
Interest				
Discrepancies (attach a written explanation)				
<b>Closing Balance</b>				

**NOTE:** Attach a separate sheet labelled Question 7 if necessary.



**8. USE OF NET PROCEEDS**

- a) Total charitable expenditures as per uses of proceeds approved on the charitable gaming event licence(s) during the licence period: \$ \_\_\_\_\_.
- b) Details of charitable expenditures as per uses of proceeds approved on the charitable gaming event licence(s) during the licence period:

Name of Payee	Address of Payee	Amount (\$)

**NOTE:** Attach a separate sheet labelled Question 8(b) if necessary.

**DECLARATION**

We, the undersigned, declare that:

- We are bona fide members of the Licensee;
- We have been authorized to file this report on behalf of the Licensee; and
- All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.

Principal Officer

Signature  
 Print Name  
 Title  
 Date  
 Telephone Number  
 Facsimile Number  
 E-mail Address

Principal Officer

**DONATIONS**  
**PAGE**

**DEPOSIT SLIPS**  
**(into Pooling**  
**Account)**

The Corporation of the  
Town of Tecumseh

917 LESPERANCE ROAD  
TECUMSEH, ONTARIO  
N8N 1W9

Phone: (519) 735-2184  
Facsimile: (519) 735-6712  
www.tecumseh.ca



**LAURA MOY**  
Director Staff Services / Clerk

**EVENT SUMMARY CONTROL SHEET - Question 6.**

**ORGANIZATION NAME:** \_\_\_\_\_

**DATE OF SESSIONS:** \_\_\_\_\_

**TIMES OF SESSIONS:** \_\_\_\_\_

PROCEEDS / REVENUE	CANADIAN	U.S.
Session 1		
Session 2		
Session 3		
Session 4		
<b>TOTAL "A"</b>		

PRIZES PAID OUT	CANADIAN	U.S.
Session 1		
Session 2		
Session 3		
Session 4		
<b>TOTAL "B"</b>		

PROCEEDS LESS PRIZES (A - B = C) <b>TOTAL NET "C"</b>		
<b>Plus</b> FLOAT "D"		
<b>Plus</b> CHEQUES "E"		
<b>Plus</b> LINK "F"		
<b>Less</b> HONORARIUM "G"		N/A
TOTAL, Funds to be Deposited into Charity Association (Pooling Account) (C+D+E+F-G) <b>TOTAL "H"</b>		

ACTUAL CASH DEPOSIT by Charity "I" (Amount on deposit slip)		
<b>TOTAL SHORTAGE (H - I)</b>		

OVERALL SHORT / OVER \_\_\_\_\_

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**NOTE: This form is required to be completed and filed with Bingo Reports.**

Dated: May 2007

**DEPOST SLIPS**  
**(pooling cheques**  
**written from**  
**Association to**  
**each charity for**  
**completed events)**

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**LAURA MOY**  
 Director Staff Services/Clerk  
 Lottery Licensing Officer

## REPORT CALCULATION SHEET - Question 7.

ORGANIZATION NAME: \_\_\_\_\_  
 DATE OF SESSIONS: \_\_\_\_\_  
 TIME OF SESSIONS: \_\_\_\_\_  
 BANK NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 BANK ACCOUNT NOs: \_\_\_\_\_ U.S. \_\_\_\_\_ CAN \_\_\_\_\_

### U.S. FUNDS

CREDITS	
Previous Balance Reported	
Other: Bank Interest	
<b>Total Credits (a)</b>	\$ -
DEBITS	
TRANSFER to Canadian Bingo Acct.	
Total Donations (Sec 6 of Bingo Lottery Report)	
Other: Bank Charges	
<b>Total Debits (b)</b>	\$ -
<b>Current Balance Reported (a) - (b) = (C)</b>	<b>\$ -</b>

### BANK STATEMENT

BANK BALANCE	
Balance	
Outstanding Deposits	
Outstanding Cheques	
<b>RECONCILED BANK BALANCE (C)</b>	<b>\$ -</b>

### CANADIAN

CREDITS	
Previous Balance Reported	
POOLING Cheque For the Month of	
TRANSFER including Exchange from U.S.	
Other: Bank Interest	
<b>TOTAL Credits (a)</b>	\$ -
DEBITS	
Total Donations (Sec 6 - Bingo Lottery Report)	
Other: Bank Charges	
<b>TOTAL Debits (b)</b>	\$ -
<b>Current Balance Reported (a) - (b) = (C)</b>	<b>\$ -</b>

### BANK STATEMENT

BANK BALANCE	
Balance	
Outstanding Deposits	
Outstanding Cheques	
<b>RECONCILED BANK BALANCE (C)</b>	<b>\$ -</b>

- (1) Copy of bank deposit slip for all Credits is required.
- (2) Copy of Monthly Bank Statement is required.
- (3) Current Balance Reported and reconciled Bank Balances should equal one another.

**BANK  
STATEMENTS**