



Alcohol and Gaming Commission of Ontario
 Gaming Registration & Lotteries
 90 SHEPPARD AVE E SUITE 200
 TORONTO ON M2N 0A4
 Telephone: 416 326-8700 or 1 800 522-2876 toll free in Ontario
 Website: www.agco.on.ca

Catch the Ace Raffle Report

Group Identification Number (GIN)

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This report must be submitted to the lottery licensing authority after every 4th draw.

1. Report Information

Interim Final

Name of Charitable Organization	
Name of Premise	
Lottery Licence No.	Report Period From: _____ To: _____
Ticket Prices \$	Total Anticipated Number of Draws

2. Details of Gross Receipts and Prizes Awarded

Date and Time of Draws	Number of Tickets Sold	CAN \$ Receipts Only	CAN \$ Draw Prize Awarded (20% of Sales)	Progressive Prize Increase for Next Draw (30% of Sales)	Progressive Jackpot Prize Amount	CAN \$ Progressive Prize Awarded
Totals:						

3. Details of Prizes Paid Out

Canadian Dollars				
Total Number of Tickets Sold	Total Receipts	Total Draw Prizes	Total Progressive prizes accumulated	Progressive Prize Accumulated Since Last Report
	\$	\$	\$	\$

Note: Attach a list of all prize winners and winning tickets (labelled Question 3).

4. Details of Administrative Expenses

Item	Name and Address of Payee	Cost
Premise Rent		\$
Operational Plan (security, police, armoured car, etc.)		\$
Licence Fee		\$
Other (specify)		\$
Total Administrative Expenses:		\$
Net Proceeds Derived:		\$
Progressive Carry-Over to Next Draw:		\$

Note: Attach a list of Use of Net Proceeds Derived (labelled Question 4).

5. Details of Lottery Trust Account Deposit

Name of Financial institution in which the Trust Funds are deposited	
Branch Name	Branch Number (if applicable)

Branch Address

Street Number	Street Name	Street Type	Direction
Suite, Floor, Apt.	Lot, Concession, Rural Route	City, Town, Municipality	Postal Code

Canadian Funds

Date (YY/MM/DD)	Balances	Amount (\$ CAN)
	Opening Balance	\$
	Balance as of last Report	\$
	Balance as of this Report	\$



Declaration

We, the undersigned, as two Principal Officers of the _____
 Charitable Organization certify that this report is a correct statement of the lottery funds referred to
 herein.

	Charitable Organization Chairperson	Charitable Organization Secretary/ Treasurer
Signature		
Print Name in Full		
Title		
Address		
Business Telephone	()	()
Date of Signing		

NOTE : All winning tickets for the full progressive prize including the name, address and telephone number of the winner must be submitted with this report.