



THIS REPORT MUST BE SUBMITTED DIRECTLY TO CITY HALL WITHIN 30 DAYS  
AFTER THE COMPLETION OF THE LOTTERY

## CITY OF WOODSTOCK

### WMHA RAFFLE RECONCILIATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Member in charge: \_\_\_\_\_ Licence #: \_\_\_\_\_

\*\*\*\*A list of all prize winners must accompany this report\*\*\*\*

#### Revenue

Tickets Printed: \_\_\_\_\_ Price per Ticket: \_\_\_\_\_ Tickets Sold: \_\_\_\_\_

#### Total Revenue

(number of tickets sold multiplied by price per ticket)

Item A

#### Expenses Paid by Team

Purchased Items for Raffle or Winner Payout for 50/50

Item B

Donated Amount (Not Included in total) \$ \_\_\_\_\_

Printing

Item C

Advertising

Item D

Total Administrative Costs:

Item E (B+C+D)

#### Total Lottery Revenue Team Owed WMHA

Item F (A-E)

We, the undersigned, as the designated team members certify the information contained in this report is true in every respect.

#### TWO TEAM SIGNATURES REQUIRED.

_____	Signature	_____
_____	Name	_____
_____	Street	_____
_____	City	_____
_____	Telephone #	_____
_____	Date	_____

Ensure the winning ticket(s) along with all receipts, invoices and/or other documentations relevant to this licence are submitted along with the report.

# WMHA BANKING RECONCILIATION

Licence # \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Lottery Revenue** - Item F (A-E) Item F (AG36) \_\_\_\_\_

**Expenses paid by WMHA**

Licence Fee Item G \_\_\_\_\_

**Total Revenue (net WMHA team reimbursement)** Item H (F-G) \_\_\_\_\_

Interest from Bank Account Item I \_\_\_\_\_

**Previous Licence Report Balance** (Item N previous report) Item J \_\_\_\_\_

**Total Lottery Revenue** - Item K (F-G-H+I+J) Item K \_\_\_\_\_

**Donations/Approved Expenses (do not include lottery expenses only ice rental, tournament fees etc.)**

\_\_\_\_\_ + \_\_\_\_\_

**Total Donations:** Item L = \_\_\_\_\_

Bank Charges Item M \_\_\_\_\_

**Final Report Balance (K-L-M)** Item N \_\_\_\_\_

## ***Transactions Not Related to this Licence***

Deposits for next licence Item O \_\_\_\_\_

Expenses for next licence Item P \_\_\_\_\_

**Lottery Trust Account Balance** **Date** \_\_\_\_\_ Item Q \_\_\_\_\_

We, the undersigned, as the designated members in charge of the Lottery Account, certify the information contained in this report is true in every respect.

TWO WMHA SIGNATURES REQUIRED.

\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Anyone who willfully files a misleading or falsified report can and will be prosecuted under the Canada Criminal Code. The Organization represented in the report may have current licences revoked and be prohibited from running any Lotteries.

**Ensure all receipts, bank statements, invoices and/or other documentation relevant to this licence are submitted along with the report.**