

**Rural Municipality of St. Clements**  
**EAST SELKIRK, MANITOBA R0E 0M0**  
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**FINANCIAL REPORT**

License #: \_\_\_\_\_

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

Address of Organization: \_\_\_\_\_

Date(s) Raffle Completed: \_\_\_\_\_

Date(s) Winners Declared: \_\_\_\_\_

**STATEMENT OF RAFFLE INCOME:**

No. Tickets Printed: \_\_\_\_\_

No. Tickets Unsold: \_\_\_\_\_

No. Tickets Sold: \_\_\_\_\_ x \_\_\_\_\_ = Total Gross Receipts 1. \$ \_\_\_\_\_  
Selling Price per ticket

ACTUAL COST OF PRIZES 2. \$ \_\_\_\_\_

**EXPENSES**

Printing \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

License Fee (1% of prizes awarded) \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Net Profit \$ \_\_\_\_\_

Lottery Bank Account Information:

The receipts derived from this Raffle were maintained in:

(Name and Address of Financial Institution)

Lottery Bank Account No.(s):

**NOTE: COPIES OF BANK STATEMENTS MUST BE PROVIDED.**

**DISBURSEMENTS: (AS PER APPLICATION)**

DATE	CHQ#	PAYEE	DESCRIPTION	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**CERTIFICATION**

WE, the undersigned, have examined the records and accounts of \_\_\_\_\_

\_\_\_\_\_  
(Name of Organization)

With respect to the above-described lottery, and the information contained herein is correct to the best of our knowledge and belief.

DATED this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Print Name	Print Name
Office Held	Office Held
Address	Address
Phone No.	Phone No.
Signature	Signature
<b>SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED</b>	

Please enter the name and telephone number of the person completing this report if it is different from those shown above.

Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_