



**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
<b>Totals:</b>						

### 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
Premises Rent		\$
Operational Plan (security, police, armoured car, etc.)		\$
Licence Fee		\$
Other (specify)		\$
<b>Total Administrative Expenses:</b>		\$
<b>Net Proceeds Derived:</b>		\$
<b>Progressive Carry-Over to Next Draw:</b>		\$

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**

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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.

	<b>Charitable Organization Chairperson</b>	<b>Charitable Organization Secretary/ Treasurer</b>
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.