

Department of Public Safety Gaming Control Branch P.O. Box 6000 Fredericton, NB E3B 5H1

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| Bingo Financial Report        |  |  |  |                      |            |  |           |              |  |
|-------------------------------|--|--|--|----------------------|------------|--|-----------|--------------|--|
| Address Label                 |  |  |  |                      |            | lease check (♥) one of the follo<br>Hall Bingo TV Bin<br>Radio Bingo Giant |           | 0            |  |
| wee                           | ekly   |  | s report is due within 30 day<br>ort should cover the previous<br>tion.  |                      |            |  |           |              |  |
| Licence No.: Reporting period |  |  |  |                      |            |  | to        |              |  |
| Nar                           | ne c   | of the Broadcast   | Media who broadcast your e   | vents:               |            |  |           |              |  |
| No                            | of ev  | vents held during  | the reporting period   |                      | Average nu | mber of players  | per Bingo | Event        |  |
| _                             | • \$<br>• \$<br>• \$   | 6 value of paper<br>6 value from sale<br>6 value from mo                                 | DS/RECEIPTS DURING REF<br>sold (books, specials, WTA)<br>e of bingo supplies (dabbers,<br>nies raised through selling Ac | tape, etc.)          | (+)<br>(+) | \$<br>\$<br>\$<br>\$   |           | → \$         |  |
| B)                            |  | PENSES INCU  |  |                      |            |  |           |              |  |
|                               | 1.   | . Value of prizes awarded  |  |                      |            | \$   |           |              |  |
|                               | 2.   | 2. Broadcast fees (per contract)   |  |                      |            | \$   |           |              |  |
|                               | 3.   | <ol> <li>Bingo Supplies (paper, dabbers, etc. as per invoices from suppliers)</li> </ol> |  |                      |            | \$   |           |              |  |
|                               | 4.   | . Licence fee  |  |                      |            | \$   |           |              |  |
|                               | 5.   | 5. Equipment Rental (if applicable)  |  |                      |            | \$   |           |              |  |
|                               | 6.   | Rental (Hall)  |  |                      |            | \$   |           |              |  |
|                               | 7.   | Advertising (Posters, Media Ads, Newspaper, Radio, TV)                                   |  |                      | \$         |  |           |              |  |
|                               | 8.   | Wages •<br>•<br>•  | Paid Staff<br>Commission<br>Commission Sellers<br>Professional Fundraiser<br>Fees<br>Honorarium<br>Subtotal              | \$<br>\$<br>\$<br>\$ |            | \$   |           | _            |  |
|                               | 9.   | Other Expense  | es *( <b>specify below)</b>  |                      |            | \$   |           |              |  |
|                               | то   | TAL EXPENSE  | S  |                      |            | \$   |           | → \$         |  |
| C)                            | N  | ET PROCEEDS  | FROM GAMING  | (A minus             | B)         |  |           | <b>→</b> _\$ |  |
| D)                            | · · · · · ·  |  |  |                      |            | \$   |           |              |  |
| E)                            | DO YOU OFFER LOONIE/TOONIE POTS YES NO<br>TOTAL OF ALL LOONIE/TOONIE POTS (Do not include in<br>Balance of current pot(s) Specify how many and total of<br>*Specify what "other expenses" consists of: |  |  |                      | -          | \$   |           |              |  |

| Report completed and submitted by: |    |                      |             |  |  |  |  |  |
|------------------------------------|----|----------------------|-------------|--|--|--|--|--|
| Name in Full                       |    |                      | Title       |  |  |  |  |  |
| Address                            |    |                      |             |  |  |  |  |  |
| Postal Code                        |    | Telephone (Business) | (Residence) |  |  |  |  |  |
| Date                               | 20 | Signature            |             |  |  |  |  |  |