

Local Gaming Authority  
Financial Report

Organization # 5269

PLEASE PRINT

Name of Licensing Authority Local Government District of Pinawa

Address Box 100, 36 Burrows Road

Report for the Year 2015

Licence Fees collected: \$ 14.00

Number of licences issued during the year? 3

How many of these licences earned more than \$10,000.00? 0

Summary Information for the raffles that earned more than \$10,000.00:

GROSS REVENUE	1. \$ <u>N/A</u>
PRIZES AWARDED	2. \$ <u>N/A</u>
EXPENSES ASSOCIATED WITH RAFFLE	3. \$ <u>N/A</u>
NET PROCEEDS (LOSS) (Line 1 - 2 - 3)	4. \$ <u>N/A</u>

INFORMATION REGARDING THE DISTRIBUTION OF NET PROCEEDS (LINE 4) is recorded on Page 2

THIS REPORT MUST BE PUBLISHED AND MADE AVAILABLE TO THE COMMUNITY  
IT MUST BE SUBMITTED TO THE LGA WITHIN 90 DAYS OF YOUR YEAR END

Information regarding the distribution of net proceeds from raffle licenses generating gross revenues in excess of \$10,000.00

LICENSED ORGANIZATION	DESCRIPTION (WHERE THE NET PROCEEDS WERE SPENT)	\$ AMOUNT
	NOT APPLICABLE	
<b>TOTAL</b>		<b>\$ N/A</b>

If further space is required to list additional disbursements of net proceeds, please attach as many extra pages as necessary.

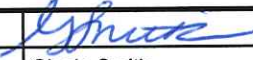
**Note:** Instead of filling out the above information, you may find it easier to attach a copy of the Local Gaming Authority Raffle Financial Reports for raffles generating more than \$10,000 in revenue. See the LGA website to obtain a copy of the Local Gaming Authority Raffle Financial Report form at [www.LGManitoba.ca](http://www.LGManitoba.ca)

**CERTIFICATION**

I, the undersigned, have examined the records and accounts of, Local Government District of Pinawa  
(Name of Licensing Authority)

with respect to the above described licensing activities, the information contained herein is correct to the best of my knowledge and belief.

DATED THIS 27th day of January, 20 16.

Signature	
Print Name	Gisele Smith
Office Held	Resident Administrator
Address	Box 100, 36 Burrows Road
Postal Code	R0E 1L0
Email	smithg@pinawa.com
Telephone	204-753-5105

Please enter the name and daytime telephone number of the person completing this report if it is different from that shown above.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_