



Local Gaming Authority
Financial Report

Organization # 5395

PLEASE PRINT

Name of Licensing Authority The Town of Swan River
Address PO Box 879, Swan River MB R0L 1Z0
Report for the Year 2023

Licence Fees collected: \$ 1,150.00
Number of licences issued during the year? 49
How many of these licences earned more than \$10,000.00? 1

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

GROSS REVENUE 1. \$ 12,300.00
PRIZES AWARDED 2. \$ 1,750.00
EXPENSES ASSOCIATED WITH RAFFLE 3. \$ 325.00
NET PROCEEDS (LOSS) (Line 1 - 2 - 3) 4. \$ 10,225.00

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
<i>Swan Valley Cheetahs Gymnastics</i>	<i>Youth gymnastics equipment</i>	<i>10,225.00</i>

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

TOTAL	\$ <i>10,225.00</i>
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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.LGAmanitoba.ca

CERTIFICATION

I, the undersigned, have examined the records and accounts of, *The Town of Swan River*
(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 *30th* day of *March*, 20 *24*.

Signature	<i>Terence Guida</i>
Print Name	<i>Terence Guida, CPA, CGA</i>
Office Held	<i>Chief Financial Officer</i>
Address	<i>PO Box 879, Swan River MB</i>
Postal Code	<i>R0L 1Z0</i>
Email	<i>cto@townsr.ca</i>
Telephone	<i>204-734-4586 ext 203</i>

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: _____