CITY OF SAN DIEGO
FINANCIAL STATEMENT OF BINGO GAME

IMPORTANT: A FULL AND COMPLETE FINANCIAL STATEMENT MUST BE FILED WITH THE POLICE LICENSING UNIT NO LATER THAN THE 10TH OF THE EACH MONTH.

_____
PERMIT NUMBER

_____
MONTH/YEAR

MAIL TO: SDPD
PERMITS AND LICENSING, MS 735
P.O. BOX 121431
SAN DIEGO, CA 92112-1431

NAME OF THE ORGANIZATION/ADDRESS: _____
BUSINESS PHONE: _____

LIST ALL SALES/GROSS INCOME

SALE OF HARD CARDS ..... $ _____

SALE OF PAPER CARDS ..... $ _____

SALE OF MARKERS ..... $ _____

SALE OF PULL TABS (BREAK OPENS) ..... $ _____

TOTAL RECEIPTS/GROSS INCOME ..... $ _____

INTEREST ON BINGO ACCOUNT ..... $ _____

TOTAL GROSS INCOME AND INTEREST ..... $ _____

LIST ALL PRIZES AWARDED

HARD CARDS ..... $ _____

PAPER CARDS ..... $ _____

PULL TABS ..... $ _____

TOTAL PRIZES AWARDED ..... $ _____

NET PROFT-AVAILABLE FOR CHARITY ..... $ _____

EXPENSES

RENT OR MORTGAGE OF BINGO HALL ..... $ _____

UTILITIES (PRORATED TO BINGO USE) ..... $ _____

SECURITY (LIST COMPANY) ..... $ _____

ADVERTISING ..... $ _____

BINGO LICENSING FEES ..... $ _____

OTHER (ITEMIZE) ..... $ _____

TOTAL EXPENSES ..... $ _____

CHARITABLE DISBURSEMENTS

TO WHOM SENT/AMOUNT: _____

_____

DATES RELEASED/CHECK NUMBERS: _____

_____

_____

TOTAL ..... $ _____

DEPOSITED INTO BINGO ACCOUNT ..... $ _____

CURRENT BINGO ACCOUNT BALANCE ..... $ _____

INDIVIDUAL (SESSION) GAME REPORT

DATE OF GAME	NO. OF PLAYERS	(1) TOTAL SALES *	(2) TOTAL PRIZES*	(3) PROFIT FOR DEPOSIT	DATE PROFIT DEPOSITED	DATE
TOTALS		**$**	**$**	**$**		

*INCLUDES SALES OF HARD CARDS, PAPER CARDS, PULL TABS, DAUBERS, MARKERS, ETC.

COL. (1) MINUS COL. 2 EQUALS COL. (3)

** INCLUDES GAMES PRIZES AND PULL TABS PRIZES

PULL TABS PRIZES

CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE AND FOREGOING IS A FULL, TRUE AND CORRECT FINANACIAL REPORT OF ALL MONIES OR GOODS COLLECTED, OR EXPENDED, INCLUDING FUNDS REMAINING FOR CHARITABLE OR OTHER PURPOSES.

PREPARER'S NAME (PRINT)_____ HOME PHONE_____

PREPARER'S SIGNATURE:_____ WORK PHONE_____