



Local Gaming Authority
Financial Report

Organization # 5381

PLEASE PRINT

Name of Licensing Authority Town of Niverville

Address PO Box 267, Niverville, Manitoba, R0A 1E0

Report for the Year 2024

Licence Fees collected: \$ 24.50

Number of licences issued during the year? 1

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>0</u>
PRIZES AWARDED	2. \$	<u>0</u>
EXPENSES ASSOCIATED WITH RAFFLE	3. \$	<u>0</u>
NET PROCEEDS (LOSS) (Line 1 - 2 - 3)	4. \$	<u>0</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
If further space is required to list additional disbursements of net proceeds, please attach as many extra pages as necessary.	TOTAL	\$ <input type="text" value="0"/>

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

CERTIFICATION

I, the undersigned, have examined the records and accounts of; Town of Niverville
(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 day of , 20 .

Signature	<i>Kitra Berard</i>
Print Name	Kitra Berard
Office Held	Utility Billing Clerk
Address	Box 267, Niverville, MB
Postal Code	ROA 1E0
Email	Kitra.berard@where.you.belong.ca
Telephone	204-388-4600

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: _____