



# CG-AN ESR, ESR REPORT FOR AFFILIATE NOTIFICATION

State Form 56727 (R / 10-22)  
INDIANA GAMING COMMISSION

For office use only	
Reviewed by:	
Date reviewed:	

1. National Foundation or National Organization legal name			2. AAL license number		
3. Affiliate name & Identification number ( <b>number</b> assigned by IGC on National license)			4. Affiliate email address		
5. Affiliate Federal Identification Number (FID/EIN)		6. Affiliate telephone number ( )		7. Affiliate Fax number ( )	
8. Affiliate address of principal office (number and street; required)		9. City	10. State	11. ZIP Code	12. County
13. Affiliate mailing address (if different)		14. City	15. State	16. ZIP Code	17. County
18. Contact person's name		19. Contact's person's telephone number ( )		20. Contact person's email address	
21. Affiliate notification approval number			22. Date of affiliate activity		

### GROSS INCOME

Bingo Gross Income	23.
Raffle Gross Income	24.
<b>Total Gross Income (add 23 and 24)</b>	<b>25.</b>

### EXPENSES

Bingo Prize Payout	26.
Raffle Prize Payout	27.
<b>Total Prize Payout (add 26 and 27)</b>	<b>28.</b>
Bingo and Raffle supplies	29.
Facility Rental	30.
Advertising	31.
<b>Total Expenses (add 28 thru 31)</b>	<b>32.</b>

CERTIFICATION: We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand that providing false information may lead to the revocation or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanction as determined by the Commission through an administrative process.

Signature of Affiliate Presiding Officer		Signature of Affiliate Secretary	
Printed Name & Title		Printed Name	
Date (month, day, year)	Daytime telephone number ( )	Date (month, day, year)	Daytime telephone number ( )

## **CG-AN ESR, ESR Report for Affiliate Notification, Instructions**

This form is to be completed by Indiana Affiliates who have been granted authorization to conduct bingo and/or raffle activities by the Charity Gaming Division of the Indiana Gaming Commission under an Annual Affiliate License.

Line 5. Enter the name of the affiliate along with the ID number assigned to the affiliate located on the AAL license.

Line 21. Insert the affiliate notification number listed on their approval or Authorization Notification.

### **GROSS INCOME**

Line 23. Enter the total amount of bingo gross income received.

Line 24. Enter the total amount of raffle gross income received.

### **EXPENSES**

Line 26. Enter the amount paid out for bingo prizes. Included in this total should be any amounts spent on actual prizes and any monetary amounts awarded as prizes.

Line 27. Enter the amount paid out for raffle prizes. Included in this total should be any amount spent on actual prizes and any monetary amounts awarded as prizes.

Line 29. Enter the amount spent on bingo and raffle supplies. Do not include the amount spent on the prizes as this should be listed on 26 or 27.

Line 30. Enter the lesser of the actual amount spent on the rental of the facility or \$200. If the facility was donated, or the facility rental (room charge) was waived per a catering contract, do not enter a figure on this line. A copy of the lease/rental agreement must be attached to verify the amount claimed.

Line 31. Enter the amount spent on advertising.

### **Certification Section:**

The Presiding Officer of the affiliate (e.g., the highest ranking official, President, Chairman, or CEO) and the Secretary of the affiliate must sign attesting to the accuracy of the information.

This form may be faxed to (317) 232-0117 or emailed to [charitygamingaal@igc.in.gov](mailto:charitygamingaal@igc.in.gov).