CG-AN ESR, EVENT SUMMARY REPORT FOR AFFILIATE NOTIFICATION

State Form 56727 (6-19)
INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____
Date reviewed: _____

1. National Foundation or National Organization legal name (*Please type or print.)*		2. AAL License Number
3. Affiliate name and Identification number (number assigned by IGC on National license)		
4. Affiliate address of principal office (*number and street; required*)		5. P.O. Box Number (*if applicable*)
6. City	7. State	8. ZIP Code
9. Affiliate daytime telephone number ( )	10. Extension	11. Affiliate fax number ( )
12. Affiliate Federal Identification Number (FID) *(if applicable)*	13. Affiliate e-mail address	
14. Affiliate contact name and title	15. Affiliate contact daytime telephone number ( )	16. Extension
17. Affiliate notification approval number	18. Date of affiliate activity *(month, day, year)*	

GROSS INCOME

Bingo Gross Income	19.
Raffle Gross Income	20.
Total Gross Income *(add 19 and 20)*	**21.**

EXPENSES

Bingo Prize Payout	22.
Raffle Prize Payout	23.
Total Prize Payout *(add 22 and 23)*	**24.**
Bingo and Raffle supplies	25.
Facility Rental	26.
Advertising	27.
Total Expenses *(add 24 thru 27)*	**28.**

Certification: We certify under the penalties for perjury that all of the information submitted in this form is true and 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.

29. Signature of Affiliate Presiding Officer		30. Signature of Affiliate Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number ( )	Date *(month, day, year)*	Daytime telephone number ( )

E-mail: CharityGaming@igc.in.gov Telephone: (317) 232-4646 Fax: (317) 232-0117

Instructions

CG-AN ESR, ESR Report for Affiliate Notification

This form is to be completed by Indiana Affiliates who have been granted authorization to conduct bingo and raffle activities under an Annual Affiliate License (AAL).

Line 3: Enter the name of the affiliate along with the identification number assigned to the affiliate located on the AAL license.

Line 17: Insert the affiliate notification number listed on the approval.

Gross Income

Line 19: Enter the total amount of bingo gross income received.

Line 20: Enter the total amount of raffle gross income received.

Expenses

Line 22: 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 23: 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 25: Enter the amount spent on bingo and raffle supplies. Do not include the amount spent on the prizes as this should be listed on Lines 22 or 23.

Line 26: 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.

Certification

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

Completed form may be e-mailed or faxed to:

Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204