State of California Department of Justice

Nonprofit Organization Fundraiser Report Form

BGC-SP. 003 New 09/08

SUBMIT TO:
Bureau of Gambling Control
P. O. Box 168024
Sacramento, CA 95816-8024
Phone: (916) 263-3408
Fax: (916) 263-0928

For Official Use Only

draft

Print Form

A fundraiser report must be submitted within sixty (60) days of the completion of the fundraising event. (*California Code of Regulations, Title 11, Section 2114, Record Reporting*)

INSTRUCTIONS: Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.

1. Name of Organization (*Please type or print*)		2. Provide at least one of the following: Federal Tax Identification Number: _____ Corporate Number: _____ Organization Number: _____ Charitable Trust Number: _____
3. Previous Name of Organization *(If name changed)*		
4. DBA (*Doing Business As*)	5. Fiduciary Name	

6. Street Address			
City	County	State	Zip Code
7. E-mail Address	Fiduciary Telephone Number	Fax Number	

Controlled Games Event Information

8. Date of Fundraiser (*MM/DD/YYYY*)	9. Total Funds Received (*Controlled games only)*	10. Funds Raised by Organization *(Should equal 90% or more of funds received)*

11. Location of Fundraiser (*Name of building and/or street address of the facility where the fundraiser was conducted*)				
Street Address	City	County	State	Zip Code

Certification by Fiduciary on Behalf of Nonprofit Organization

1. 90% or more of the total funds received during the controlled games fundraiser were allocated to the organization.	☐ TRUE	☐ FALSE
2. Cash prizes were not awarded to participants of the controlled games fundraiser.	☐ TRUE	☐ FALSE
3. Individual prizes awarded at the controlled games fundraiser did not exceed cash value of $500.	☐ TRUE	☐ FALSE
4. Total cash prizes awarded at the controlled games fundraiser did not exceed $5000.	☐ TRUE	☐ FALSE

If the answer is "False" to any of the above questions, please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer is "False" to more than one question, be sure to reference the item number next to each explanation.

In signing this, I certify that all information is to the best of my knowldege and belief, true and correct. I further certify that our nonprofit organization has complied with all applicable laws and administrative regulations regarding charitable gambling in the State of California.

Signature of Fiduciary	Printed Name of Fiduciary	Date