

RAI

City of Aurora, Illinois Raffle Audit Information Form

(Due within 30 days of raffle drawing.)



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL.

AUDIT INFORMATION

Raffle Application No.: _____

The information below is required and must be filed with the City Clerk's Office no later than 30 days upon completion of the Raffle.

Name of Organization: _____

Organization's Telephone #: _____

Raffle Manager's Name: _____ Raffle Manager's Telephone #: _____

Raffle Manager's Email: _____

Raffle Name: _____ Date of Raffle: _____

Gross Receipts: \$ _____ Net Proceeds: \$ _____

Total gross receipts - Total expenses = Net proceeds

Please provide the following three (3) items when you submit this page to the City Clerk's Office:

(Attach separate sheet(s) if more space is needed)

- ◇ Itemized List of Operating Expenses for this raffle
- ◇ Itemized List of the Distribution of the Net Proceeds
(Where are the proceeds from the raffle going?)
- ◇ List of Prize Winners

Treasurer's Name: _____

Treasurer's Address: _____ Zip: _____

Treasurer's Telephone #: _____ Treasurer's Email: _____

Treasurer's Signature: _____

Subscribed and sworn to me before this ____ day of _____, 20__.

Notary Public

(Notary Seal)