

MISSOURI GAMING COMMISSION

CHARITABLE GAMES DIVISION PO BOX 1847 JEFFERSON CITY MO 65102

QUARTERLY REPORT INFORMATION

Do <u>not</u> use this form if you wish to submit your quarterly report electronically. The Missouri Gaming Commission has introduced a new electronic quarterly reporting system. If you wish to submit electronically, please use the following link: http://www.mgc.dps.mo.gov/BingoOrganizationWeb/Loginpage.aspx and contact the Missouri Gaming Commission, Charitable Games Division at (866) 801-8643 with questions regarding use of this system.

The following report will **only** allow you to enter your information for submission to the Missouri Gaming Commission via **mail or fax**. You will not be able to save your completed quarterly report using this form. After you have completed the quarterly report, you will need to print two copies (one for submission and one for your records) using the print button located at the top of the document.

To begin, click on the "Name of Organization" field on the first page of the occasion report. After you have entered your organization's name, press the Tab key to proceed to the next field. The report is set up to advance to the next field after you have entered the information and press the Tab key. If you press the Enter key, the information will be entered in that field, but you will not advance to the next field.

After you have completed the quarterly report, you should print the report and mail or fax it to:

Missouri Gaming Commission Charitable Games Division PO Box 1847 Jefferson City MO 65102-1847 Fax: (573) 526-5374

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CHANGE CONTRES	JEFFERSON CITY MO 65102

OFFICE USE ONLY						
POSTMARK	COLUMN (D)	COLUMN (F)				
CHECK NO.	PENALTY	COLUMN (G)				

THE COLUMN STATE OF THE PARTY O	PO BOX 18 JEFFERSO QUARTER	N CITY MC		TELEPHONE: (IN-STATE TOL (866) 801-8643		FAX: (573) !	526-5374		CHECK NO.	PENALTY	COLUMN (G)
NAME OF LICENSE	:E								BINGO LICENSE N	JMBER	
ADDRESS			CIT	Υ		STATI	E ZIP CODE		DAY(S) PLAYED EA	ACH WEEK	
(1)	(2)		GROSS F	RECEIPTS			S AWARDED MERCHANDISE	(9)	(10)	IF NET F	(11) RECEIPTS AND
MM/YY	NO. OF GAMES	(3) PULL-TAB	S BINGO CARDS	(5) MISC.	(6) STARTING CASH	(7) PULL-TAB	(8)	NET RECEIPTS	AMOUNT DEPOSITED	AMOUNT DIFFER	DEPOSITED ARE RENT, PLEASE XPLAIN.
TOTAL											
BINGO OCC	CASION Enter	number of play	yers and deposits du	ring the quarter fo	or each occasion.						
DATE	NO. OF I	PLAYERS	AMOUNT DEPOSITED	DATE	NO. OF F	PLAYERS	AMOUNT DEPOSITED	DATE	NO. OF I	PLAYERS	AMOUNT DEPOSITED
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FREFARER SI	GNATURE						()	LETTONE NUMBE	_IX	DATE	
INSTRUCTION This report is		ction 313 04	5. RSMo and Regu	ulation 11 CSR	45-30 210 lt m	oust be filed b	ov every regular h	ingo licensee ar	nd any organiza	tion who ann	olies for and

rnis report is required by Section 313.045, KSMo and Regulation 11 CSK 45-30.210. It must be filed by every regular bingo licensee and any organization who applies for and receives more than three special bingo licenses throughout the year. The Quarterly Reports are due as follows: First Quarter (January through March) due April 30; Second Quarter (April through June) due July 31; Third Quarter (July through September) due October 31; Fourth Quarter (October through December) due February 28. Required information must be entered on each line. If no bingo occasions were held during any calendar month, enter "None" on that line. The report should be signed by the preparer.

MO 858-0017

BINGO DISBURSEMENTS

Α	В	С	D	E	F	G
DATE	CHECK NUMBER	PAYEE NAME	EXPENSES OF CONDUCTING GAME	PURPOSE FOR EXPENDED PROCEEDS	ORGANIZATION DONATIONS	CHARITY EXPENDITURE
			\$		\$	\$
			7477-9441			

					- Transition	
W. E						
W. W.		The state of the s				
OTALS			\$		\$	\$

Every disbursement made from the bingo checking account must be listed in detail on the page. Disbursements made in payment of expenses in conducting the game of bingo are to be entered in Column D. Disbursements from the "Net" proceeds payable to your own organization are to be entered in Column F. Disbursements from the "Net" proceeds payable to a charitable organization, other than your own, are to be entered in Column G. Provide a brief explanation of the lawful religious, charitable or philanthropic purpose in Column E.

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Α	В	С	D	E	F	G
DATE	CHECK NUMBER	PAYEE NAME	EXPENSES OF CONDUCTING GAME	PURPOSE FOR EXPENDED PROCEEDS	ORGANIZATION DONATIONS	CHARITY EXPENDITURE
			\$		\$	\$
OTALS			\$		\$	\$

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Α	В	С	D	E	F	G
DATE	CHECK NUMBER	PAYEE NAME	EXPENSES OF CONDUCTING GAME	PURPOSE FOR EXPENDED PROCEEDS	ORGANIZATION DONATIONS	CHARITY EXPENDITURES
			\$		\$	\$
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		ATT CONTRACTOR OF THE CONTRACT				
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		AAAAAA				4,
TOTALS			\$		\$	\$

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TELEPHONE (573) 526-5370/IN-STATE TOLL FREE (866) 801-8643

TELEPHONE PROGRES	SCHEDULE 1 (REV. 9-06)			
NAME OF ORGANIZATION	BINGO LICENSE NUMBER			
DATE OF OCCASION	PROGRESSIVE PRIZE OFFERED	CONSOLATION PRIZE OFFERED	NUMBER OF BALLS NEEDED TO WIN PROGRESSIVE PRIZE	ACTUAL PRIZE AMOUN AWARDED
D 858-0017 (9-06)				



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SCHEDULE 1 PROGRESSIVE GAME ACTIVITY REPORT (REV. 9-06) BINGO LICENSE NUMBER NAME OF ORGANIZATION NUMBER OF BALLS ACTUAL PRIZE AMOUNT PROGRESSIVE PRIZE CONSOLATION PRIZE DATE OF OCCASION NEEDED TO WIN **OFFERED** OFFERED **AWARDED** PROGRESSIVE PRIZE