

Mail To:
 VDACS
 OCRP
 PO Box 526
 Richmond, VA 23218



Form 102 (Rev. TBD)
QUARTERLY FINANCIAL REPORT
 Must be filed by any organization realizing
 any charitable gaming receipts in the quarter.
THREE PAGES - COMPLETE ALL
 VDACS FINANCE CODE: 988-02199

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

Select the Quarter that is being reported

1st 1/1 thru 3/31 June 1st	2nd 4/1 thru 6/30 Sept. 1st	3rd 7/1 thru 9/30 Dec. 1st	4th 10/1 thru 12/31 March 1st	Year
" X " the Reported Quarter				

ORGANIZATION INFORMATION	
If this organization is either a Volunteer Fire Department or Rescue Squad enter X in the adjacent box <input type="checkbox"/>	
Organization Name _____	OCRP No. _____
Mailing Address _____	
City _____	State _____ Zip _____
Business Phone _____	E-Mail _____
Contact Person _____	Daytime Phone _____

PART 1 - RECEIPTS	
1. Bingo Paper Sales Before Discounts	
2. Electronic Bingo Device Sales Before Discounts	
3. Bingo Session Instant Bingo, Seal Cards, Coin Board Sales	
4. Bingo Session Treasure Chests and Raffle Sales	
5. Bingo Session Miscellaneous Sales (<i>Daubers, Tape, etc.</i>)	
6. TOTAL RECEIPTS FOR ALL BINGO SESSIONS (Line 1 thru Line 5)	\$ -
7. Discounts Given	
8. ADJUSTED RECEIPTS FOR BINGO SESSIONS (Line 6 minus Line 7)	\$ -
9. Raffle and other Outside Gaming Sales	
10. Texas Hold'em Poker Tournament Sales	
11. TOTAL RECEIPTS FOR QUARTER (Line 8 plus Line 10)	\$ -

PART 6 - AUDIT AND ADMINISTRATION FEE CALCULATION		
12. a. Audit & Administration Fee (Line 10 X 1.375%)	\$ -	
b. Late Filing Penalty All organizations subject to late filing penalty of \$25 per day after due date.		
c. Payments already made for this report		
d. TOTAL FEE DUE WITH REPORT Make check payable to: Treasurer of Virginia (line 11a+11b-11c)	\$ -	

Quarter

No Qtr Chosen'

OCRP# _____

ORG NAME _____

PART 2 - PRIZES		
13. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Pull-Tabs		
c. Bingo Session Treasure Chests and Raffles		
d. Door Prizes		
e. Raffles and other Outside Gaming		
f. Texas Hold'em Poker Tournament Prizes		
g. TOTAL PRIZES AWARDED	(Line 13a thru 13f)	\$ -

PART 3 - EXPENSES		
14. Cash Payments from Funds at Bingo Sessions		
15. Cash Shortage or Overage	(If this is overage, enter as a negative figure so it will subtract)	
16. Payments to Registered Suppliers		
17. Rent Paid for Electronic Bingo Devices		
18. Raffle Supplies		
19. Facility Lease Payments		
20. Texas Hold'em Poker Tournament Operator Payments		
21. Payments to Office of Charitable and Regulatory Programs		
22. All other Gaming Expenses		
23. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
d. Use of Proceeds Texas Hold'em Poker Tournament Operator Payments		
e. TOTAL USE of PROCEEDS	(Line 23a thru 23d)	\$ -
24. Business Expenses		
25. TOTAL DISBURSEMENTS	(Line 13g thru 24)	\$ -

PART 4 - CASH RECONCILIATION		
26. Beginning Reconciled Bank Balance (Line 31d. from previous report)		
27. Beginning Cash on Hand		
28. Returned Checks Collected (redeposit of bad checks)		
29. Earned Interest Income		
30. Deposits from Non-Gaming Sources		
31. Total Receipts for Quarter (Line 10 from page one)		\$ -
32. TOTAL FUNDS AVAILABLE (Lines 26 thru 31)		\$ -
ENDING BANK BALANCE		
33. a. Bank Statement Balance -End of Quarter		
b. Add Deposits in Transit		
c. Subtract Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Line 33a thru 33c)		\$ -
34. Ending Cash on Hand		
35. Returned Checks (bad checks from players)		
36. Total Disbursements for Quarter (Line 25 from page two)		\$ -
37. TOTAL FUNDS ACCOUNTED FOR (Lines 33d thru 36)		\$ -
Line 32 must equal Line 37 for this report to be in balance		
REPORT IS OUT OF BALANCE BY	\$	-

PART 5 - REQUESTED INFORMATION	
36.	All Progressive Bingo Game Receipts
37.	Bingo Attendance(Customer Count)

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.

Signature of President or Designee
Date:

Print Name: _____
Title: _____