



## Audit Information

**The information below is required and must be filed with the City Clerk no later than 5 business days upon completion of the Raffle**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No/: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Raffle \_\_\_\_\_

Gross Receipts: \_\_\_\_\_ Expenses: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**(Please attach an itemized distribution of net proceeds to this form)**