

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



Form 102EZ (Rev. 10/14/2022)
QUARTERLY FINANCIAL REPORT
 Must be filed by any organization qualifying for a special permit to realize charitable gaming receipts under \$40,000 in any 12 month period.
ONE PAGE - 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

Organization Name _____ OCRP No. _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Business Phone _____ E-Mail _____
 Contact Person _____ Daytime Phone _____

PART 1 - CHARITABLE GAMING SUMMARY

1. Receipts From All Bingo Sessions	
2. Receipts From Raffles Outside of Bingo Sessions	
3. Receipts From Paper Pull Tabs Sold Outside of Bingo Sessions	
4. Total Receipts (Line 1 thru Line 3)	
5. All Gaming Expenses	
6. TOTAL FUNDS AVAILABLE TO SUPPORT ORGANIZATION'S MISSION (Line 4 - Line 5)	

PART 2 - USES OF FUNDS

For the amount listed on Line 6, describe how the funds will be or have been used to support the organization's mission.

PART 3 - FEES

7. a. Late Fees		\$25 per day past due date
b. Amount Remitted with Report		

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: _____