

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



Form 102  
 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 <b>X</b> 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. <b>TOTAL RECEIPTS FOR ALL BINGO SESSIONS</b>	(Line 1 thru Line 5)
7. Discounts Given	
8. <b>ADJUSTED RECEIPTS FOR BINGO SESSIONS</b>	(Line 6 minus Line 7)
9. Raffle and other Outside Gaming Sales	
10. <b>TOTAL RECEIPTS FOR QUARTER</b>	(Line 8 plus Line 9)

PART 6 - AUDIT AND ADMINISTRATION FEE CALCULATION		
11 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. <b>TOTAL FEE DUE WITH REPORT</b>	Make check payable to: Treasurer of Virginia	(line 11a+11b-11c)

Quarter \_\_\_\_\_

OCRP# \_\_\_\_\_

ORG NAME \_\_\_\_\_

<b>PART 2 - PRIZES</b>		
12. 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		
<b>f. TOTAL PRIZES AWARDED</b>		<b>(Line 12a thru 12e)</b>

<b>PART 3 - EXPENSES</b>		
13. Cash Payments from Funds at Bingo Sessions		
14. Cash Shortage or Overage	(If this is overage, enter as a negative figure so it will subtract)	
15. Payments to Registered Suppliers		
16. Rent Paid for Electronic Bingo Devices		
17. Raffle Supplies		
18. Bingo Hall Lease Payments		
19. Payments to Office of Charitable and Regulatory Programs		
20. All other Gaming Expenses		
21. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
<b>d. TOTAL USE of PROCEEDS</b>		<b>(Line 21a thru 21c)</b>
22. Business Expenses		
<b>23. TOTAL DISBURSEMENTS</b>		<b>(Line 12f thru 22)</b>

QUARTER \_\_\_\_\_ OCRP# \_\_\_\_\_ ORG NAME \_\_\_\_\_

PART 4 - CASH RECONCILIATION		
24. Beginning Reconciled Bank Balance (Line 31d. from previous report)		
25. Beginning Cash on Hand		
26. Returned Checks Collected (redeposit of bad checks)		
27. Earned Interest Income		
28. Deposits from Non-Gaming Sources		
29. Total Receipts for Quarter (Line 10 from page one)		
30. TOTAL FUNDS AVAILABLE (Lines 24 thru 29)		
<b>ENDING BANK BALANCE</b>		
31. a. Bank Statement Balance - End of Quarter		
b. Add Deposits in Transit		
c. Subtract Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Line 31a thru 31c)		
32. Ending Cash on Hand		
33. Returned Checks (bad checks from players)		
34. Total Disbursements for Quarter (Line 23 from page two)		
35. TOTAL FUNDS ACCOUNTED FOR (Lines 31d thru 34)		
Line 30 must equal Line 35 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: \_\_\_\_\_