



4120 Yonge Street  
Suite 420  
Toronto, Ontario  
M2P 2B8  
Tel. (416) 224-1772  
Fax. (416) 224-7000

## MONTHLY REPORT TO MUNICIPALITY

Charity Utilization of OLG Charitable Gaming Proceeds

PERMIT #: 2021-290

Month Reported: July

Year: 2021

Number of Assignments : 3

<b>Charitable Organization:</b> Association for Seniors		
<b>Address:</b> 295 Princess Street	<b>Municipality:</b> Napanee	<b>Postal Code:</b> N5A 3D2
<b>Charitable Gaming Centre Supported:</b> Play! Gaming and Entertainment	<b>Charitable Gaming Centre Address:</b> 1600 Bath Road Kingston, ON K7M 4X7	

<b>(A) Previous Period Closing Balance (Item "E" from last report):</b>				<b>\$8354.02</b>
Revenue Received from CGC Participation	Date:	\$ 1295.43		
Interest	Date:	\$ 2.59		
<b>(B) Total Revenue Received:</b>				<b>\$1298.02</b>
Administration Expenses (e.g. Bank Fees)	Description/Date: account cost July 15	\$ 4.95		
	Description/Date: cheque printing July 29	\$17.56		
	Description/Date:	\$		
	Description/Date:	\$		
<b>(C) Total Administrative Expenses:</b>				<b>\$ 7.54</b>
Date	Use of Proceeds Paid To	Chq#	Purpose	Amount
July 12	Martha's Table	259	<b>Donation</b>	\$ 500.00 √
July 16	Sports Centre	235	<b>Equipment</b>	\$ 1595.00 √
July 28	Loyalist Township	241	<b>Rink Fees</b>	\$ 3420.00 √
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>(D) Total Use of Proceeds Expenses:</b>				<b>\$ 5515.00</b>
<b>(E) Closing Balance as of this Report (A+B-C-D) (closing bank balance) :</b>				<b>\$ 4129.50</b>

Other Comments: *email for equipment approval attached
---

<input checked="" type="checkbox"/> <b>Required Attachments</b>	<input checked="" type="checkbox"/> Photocopies of Bank Statements, invoices/receipts & cancelled cheques (front and back) for the month covered by this report. <input checked="" type="checkbox"/> Changes to any information that is required to be on file with the Municipality.
---	--

We, as the signing officers of the above organization, certify that the above information is full and correct and that our organization has fulfilled its bona fide member obligations to the Charitable Gaming Centre Association operating at the premises listed above.

	<b>First Designated Bona Fide Member or Signing Officer:</b>	<b>Second Designated Bona Fide Member or Signing Officer:</b>
Signature(s):	_____	_____
Print Name in Full:	_____	_____
Position:	_____	_____
Business Telephone Number(s):	_____	_____
Email Address:	_____	_____
Date(s) of signing:	_____	_____