DOJ USE ONLY Fee Paid

## OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY

#### Date Received

# Monte Carlo License Annual Report

This report must be filed no later than 60 days after the end of the license year.

Licensee					
Licensee:			License #:		
Mailing Address:					
City:		State:Zip:			
Is this a new address?	□ Yes	□ No If YES, date	of change:		
Reporting Period					
1 This report is for th	ne period from	to			
2 Did the expiration					
3 Number of Monte Carlo Events held during the reporting period:					
Monte Carlo Activ Summary	ity				
Event (A) Provide Date & Locat	tion Total Scrip Sales (B)	Total Expenses (C) (other than prizes)	Total Cost of Non- Cash Prizes (E)		

4	Add all columns and enter totals:	\$	\$	\$
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M	onte Carlo Report Fee			
6	FEE ON TOTAL SAI	ES Multiply line 5 × .01 Enter	result here:	\$
7	DELINQUENCY FEE: If this report and applicable fee are not filed within 60 days of the end of the license year, add a delinquency fee of \$20 or 1% of the amount on line $6 [.01 \times \text{line } 6]$ , whichever is greater. The minimum delinquency fee increases to \$50 after 60 days from the due date of the report.			
8	TOTAL FEES DUE. Line 6 + line 7; Enter result here. (Send this amount with the report to DOJ):.Please send in exact fees. Make a check payable to Department of Justice. <b>DO NOT ROUND.</b>		\$	

Monte Carlo Expenses List ALL nonprize expenses related to Monte Carlo. Do NOT include fees paid to DOJ.				
	a) Printing:	\$		
	b) Advertising/Promotions:	\$		
9	c) Rental (Equipment/Property)	\$		
	d) Other (specify):	\$		
		\$		
		\$		
	e) Total Expenses (total of lines a through d) This total must equal the amount shown on page 1 at Column C.	\$		
10	MONTE CARLO EXPENSE PERCENTAGE. Divide line 9e by line 5: [Round to the second decimal-i.e., 18.85%]			
11	Did one or more corporate sponsors help to offset your Monte Carlo expenses? (This help could have been in the form of donated money/services or direct payment of Monte Carlo expenses.)			

### **Report Certification**

TO BE COMPLETED BY A RESPONSIBLE OFFICIAL OF THE ORGANIZATION:

I certify that I am a responsible official of the organization, and that I have personally reviewed the information contained in this report. I further certify that the information contained in this report is true and correct to the best of my knowledge.

Print name of Responsible official:\_\_\_\_\_\_ Title:\_\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Phone#:\_\_\_\_\_Email: \_\_\_\_\_

Keep a copy of this report for your records.

Mail the completed report with fees to: Make a check payable to Oregon Department of Justice

Oregon Department of Justice 100 SW Market Street Portland, OR 97201-5702

Phone: (971) 673-1880 Fax: (971) 673-1882 TTY: (800)735-2900