



Local Gaming Authority
Financial Report

Organization # 5401

PLEASE PRINT

Name of Licensing Authority MUNICIPALITY of SWAN VALLEY WEST
Address 216 MAIN STREET SWAN RIVER, MB R0L1Z0
Report for the Year 2024

Licence Fees collected: \$ 80.00
Number of licences issued during the year? 8
How many of these licences earned more than \$10,000.00? 0

Summary Information for the raffles that earned more than \$10,000.00:

GROSS REVENUE 1. \$
PRIZES AWARDED 2. \$
EXPENSES ASSOCIATED WITH RAFFLE 3. \$
NET PROCEEDS (LOSS) (Line 1 - 2 - 3) 4. \$ 0

INFORMATION REGARDING THE DISTRIBUTION OF NET PROCEEDS (LINE 4) is recorded on Page 2

THIS REPORT MUST BE PUBLISHED AND MADE AVAILABLE TO THE COMMUNITY
IT MUST BE SUBMITTED TO THE LGA WITHIN 90 DAYS OF YOUR YEAR END

Information regarding the distribution of net proceeds from raffle licenses generating gross revenues in excess of \$10,000.00

[illegible]


Note: Instead of filling out the above information, you may find it easier to attach a copy of the Local Gaming Authority Raffle Financial Reports for raffles generating more than \$10,000 in revenue. See the LGA website to obtain a copy of the Local Gaming Authority Raffle Financial Report form at www.LGAmanitoba.ca

CERTIFICATION

I, the undersigned, have examined the records and accounts of; Municipality of Swan Valley West
(Name of Licensing Authority)

with respect to the above described licensing activities, the information contained herein is correct to the best of my knowledge and belief.

DATED THIS 6 day of FEBRUARY, 2025

Signature	
Print Name	KRISTI RONQUIST
Office Held	CAO
Address	Box 610 SWAN RIVER, MB
Postal Code	R0L1Z0
Email	cao@munswanvalleywest.com
Telephone	204-734-3344

Please enter the name and daytime telephone number of the person completing this report if it is different from that shown above. Name: Phone:

Name: _____ Phone: _____
Email: _____