STATE OF CALIFORNIA BGC 203 (Rev. 10/2018)

MAJOR LEAGUE SPORTS RAFFLE ELIGIBLE ORGANIZATION RAFFLE REPORT

Season or Calendar Year Dates:



PLEASE SEND COMPLETED REPORT TO:

Raffle Report Period:

Eligible Organization's Name: Los Angeles Chargers Charities

Bureau of Gambling Control P. O. Box 168024 Sacramento, CA 95816-8024 Phone: 916-830-1700

Eligible Organization's Registration Number:

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Justice, each season or year thereafter, a r	eport that includes a seasonal or annual r	nce registered, an eligible organization shall file wit Il of the following information. Pursuant to Penal Co report shall be grounds for denial of an annual regis 1.	ode section 320.6
	SECTION 1: SEASO	N OR ANNUAL RAFFLE TOTALS	
Total number of raffles conducted for the season or calendar year.	9	The gross receipts generated from the sale of raffle tickets for the season or calendar year.	\$176,440.00
The average per raffle gross receipts generated from the sale of raffle tickets for the season or calendar year.	\$19,604.44	The prize total for the season or calendar year, including any prize that was not claimed.	\$88,220.00
The average per-raffle prize total for the season or calendar year, including any prize that was not claimed.	\$9,802.22	The prize total that was not claimed, if any, during the season or calendar year.	\$49,790.00
For each raffle in which the raffle prize was not clair	ned, list the name of the	eligible recipient organization that received the prize (attach	additional sheets, if needed).
9/22/2019 St. Francis Center- \$25,920.00			
10/13/2019 American Cancer Society- \$23,870.00			
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SECTION 2: COST RELATED INFORMATION				
Provide a total of the direct costs of conducting the raffles for:				
Labor	Consulting	Software	Marketing	Raffle Equipment
\$7,305.60	\$12,350.80		\$1,786.10	\$7,800.00

Provide a schedule of vendors used to operate the raffles and total payments made to each vendor. (Attach additional sheets if needed.)	Amount Paid
Collective Color (Aprons and Signage)	\$1,786.10
Bump Worldwide, Inc. (Management Fee and Equipment)	\$20,150.80

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SEC	CTION 3: FOR E	EACH RAFFLE EVENT PLEASE PROVIDE THE FOLLOWING	INFORMATION (attach additional	sheets, if needs	ed)
Registered Event ID#	Event Date	Benefitting Organization (Eligible Organization or Eligible Recipient Organization)	Gross Receipts Generated by the Sale of Raffle Tickets	Amount Each Organization Received	Winning Ticket Number	Prize Status (Claimed/ Unclaimed)
19-15-001	8/18/2019	Los Angeles Chargers Charities	\$8,340.00	\$4,170.00	2165289010	Claimed
19-15-002	8/24/2019	Children's Hospital Los Angeles	\$10,190.00	\$5,095.00	1597826017	Claimed
19-15-003	9/8/2019	Children's Hospital Los Angeles	\$19,010.00	\$9,505.00	1067385045	Claimed
19-15-004	9/22/2019	St. Francis Center	\$25,920.00	\$25,920.00	1286730051	Unclaimed
19-15-005	10/6/2019	Los Angeles Chargers Charities	\$22,320.00	\$11,160.00	1085765261	Claimed
19-15-006	10/13/2019	American Cancer Society	\$23,870.00	\$23,870.00	2107669003	Unclaimed
19-15-007	11/3/2019	Los Angeles Chargers Charities	\$22,790.00	\$11,395.00	1218880063	Claimed
19-15-008	12/15/2019	Children's Hospital Los Angeles	\$21,400.00	\$10,700.00	2146260014	Claimed
19-15-009	12/22/2019	Children's Hospital Los Angeles	\$22,600.00	\$11,300.00	1150464141	Claimed
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CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true, correct, and complete.			
First Name	Last Name	Middle Initial	
Kimharlay	Layton		

Fiduciary's Printed Name

Fiduciary's Signature:

Layton

Date: 7/14/2020