MAJOR LEAGUE SPORTS RAFFLE
ELIGIBLE ORGANIZATION RAFFLE REPORT

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

Raffle Report Period: [x] Season or [ ] Calendar Year Dates:

Eligible Organization's Name: Los Angeles Chargers Charities

Eligible Organization's Registration Number: Did not participate in the 2020 Season Raffle due to COVID-19 Restrictions

Pursuant to Penal Code section 320.6, subdivision (*o*)(13)(A), once registered, an eligible organization shall file with the Department of Justice, each season or year thereafter, a report that includes all of the following information. Pursuant to Penal Code section 320.6, subdivision (*o*)(13)(B), failure to submit the seasonal or annual report shall be grounds for denial of an annual registration and for the imposition of penalties under Government Code section 12591.1.

SECTION 1: SEASON OR ANNUAL RAFFLE TOTALS			
Total number of raffles conducted for the season or calendar year.	0	The gross receipts generated from the sale of raffle tickets for the season or calendar year.	0
The average per raffle gross receipts generated from the sale of raffle tickets for the season or calendar year.	0	The prize total for the season or calendar year, including any prize that was not claimed.	0
The average per-raffle prize total for the season or calendar year, including any prize that was not claimed.	0	The prize total that was not claimed, if any, during the season or calendar year.	0

For each raffle in which the raffle prize was not claimed, list the name of the eligible recipient organization that received the prize (attach additional sheets, if needed).
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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
$0	$0	$0	$0	$0

Provide a schedule of vendors used to operate the raffles and total payments made to each vendor. (Attach additional sheets if needed.)	Amount Paid
Did not participate or utilize any vendors for the 2020 Season Raffle due to COVID-19 restrictions.	0

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SECTION 3: FOR EACH RAFFLE EVENT PLEASE PROVIDE THE FOLLOWING INFORMATION (attach additional sheets, if needed)

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)
		Did not participate in the 2020 Season Raffle due to COVID-19				

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
Fiduciary's Printed Name	Kimberley	Layton	

Fiduciary's Signature: Kimberley Layton

Date: 1/25/2021