

**MAJOR LEAGUE SPORTS RAFFLE
ELIGIBLE ORGANIZATION RAFFLE REPORT**

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 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

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:  Date: 7/14/2020