

# CITY OF MINNEAPOLIS LAWFUL GAMBLING DONATION REPORTING FORM

All donations must be approved by Gambling Organization  
and meet Statutory Requirements for Lawful Purpose Expenditures

## Organization Making Lawful Purpose Expenditure

NAME OF LICENSED ORGANIZATION		LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP
DATE EXPENDITURE APPROVED		DATE EXPENDITURE RECORDED IN MINUTES	
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK	
DESCRIPTION OF HOW DONATION MEETS ONE OR MORE OF THE LAWFUL PURPOSES IN MN STATUE 349.12 Subd. 25:			
PRINTED NAME OF CHIEF EXECUTIVE OFFICER		TITLE (IF OTHER THAN CEO)	
SIGNATURE OF CEO		DATE	

## Receipt of Donation from Lawful Gambling Funds

NAME OF ORGANIZATION OR INDIVIDUAL RECEIVING FUNDS (PAYEE)		TAX ID # OR SSN	
ADDRESS	CITY	STATE	ZIP
DESCRIPTION OF HOW FUNDS WILL BE USED:			
PRINTED NAME OF PERSON RECEIVING FUNDS		TITLE (IF TO AN ORGANIZATION)	
HOME ADDRESS	CITY	STATE	ZIP
SIGNATURE OF RECIPIENT		DATE	

**INSTRUCTIONS TO LICENSED ORGANIZATION:**

1. Complete this form and **retain original** for your records.
2. Submit a copy with your monthly tax summary report to the City of Minneapolis, **ONLY**.