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DEVELOPMENT PROVIDER ANNUAL LOCAL DEVELOPMENT AGREEMENT REPORT State Form 54928 (2-12)

State Form 54928 (2-12) Approved by State Board of Accounts, 2012 INDIANA GAMING COMMISSION Pursuant to IC 4-33-23

		I. Report	Information				
Development provider Caesars Riverboat Casino, dba Horseshoe Casino & Ho		Legal name of person that prepared this report btel Bradley S. Seigel			Date submitted (month. day: year) March 5, 2012		
		II. Total A	Amount				
Total amount of econom	ric development payments paid during report pe	rìod:	\$7	,115,504.00			
(Attach additional sheets if necessary.)		III. Details of Economic Development Payments					
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year)	Payment Amount (total must equal item II)		
Hamson County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	7-8-11	507,063.00		
Harrison County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	8-10-11	615,873.00		
Harrison County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	9-9-11	849,031.50		
Harrison County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	10-7-11	738,487.50		
Harrison County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	11-9-11	1,181,346.00		
Harnson County Community Foundation	1523 Foundation Way NE, Corydon IN 47112	(812) 738-6668	Steve Gilliland	12-9-11	1,444,827.00		
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	7-8-11	169,021.00		
		IV. Statement					
Under penalties of	perjury, I declare that I am an officer of	the organization liste	ed in section 1, and that	I have examined this	report and any		

Under penalties of perjury, I declare that I am an officer of the organization listed in section I, and that I have examined this report and any accompanying documentation and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Seigh

Bradley S. Seigel

Vice President of Finance

March 5, 2012

Print name

Title

Date (month, day, year)



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		I. Report	Information		
Development provider Caesars Riverboat Casino, dba Horseshoe Casino & Hotel			that prepared this report	Date submitted (month. day, vear) March 2, 2012	
		II. Total A	mount		
Total amount of econom	ic development payments paid during report per	riod:	Contin	ued - Page 2 of 2	
(Attach additional sheets	s if necessary.)	III. Details of Eco	nomic Development I	_ <u></u> _	
Name of Recipient	Address (number and street, city, state, ZIP code)	Telephone Number	Contact Person	Payment Date (month, day, year	Payment Amount (total must equal item 11)
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 7150	(812) 945-4332	Jerry Finn	8-10-11	205,291.00
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	9-9-11	283,010.50
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	10-7-11	246,162.50
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812 945-4332	Jerry Finn	11-9-11	393,782.00
Horseshoe Foundation of Floyd County	33 State Street, Suite 344, New Albany IN 47150	(812) 945-4332	Jerry Finn	12-9-11	481,609.00
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		()			
		IV. Statement o	of Accuracy		
^	perjury, I declare that I am an officer of umentation and to the best of my knowle	~			s report and any
Signature O	Signal Stanes S Ser	ba	VP FINANCE		3-5-12 Date (month, day, year)