

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Legalized Games of Chance Control Commission
P.O. Box 46000, Newark, NJ 07101
(973) 273-8000

# Instructions for Filing the Instant Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees are to file a report of operations with the Legalized Games of Chance Control Commission ("Commission") no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You may download this report and complete ALL of the entries for each occasion(s) relating to the conduct of instant raffle games. Once completed, a member/officer shall certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and to sign the document before a notary public. Reports which are not properly certified will be mailed back.

Instant Rafile Ticket Report of Operations completed on paper must be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101.

However, for your convenience, we offer the ability to file reports electronically via e-mail. To employ this option, you must do a "SAVEAS" of the report, and place it onto your personal computer. Complete the report by using the "TAB" key to maneuver through each field.

Upon completion, the member/officer shall certify by placing a check in the box provided, that he/she has reviewed the report and that the information provided is true, accurate and complete. Subsequently, the member/officer must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Instant Raffle Ticket Report of Operations completed online must be e-mailed to the Commission at PetermanA@dca.lps.state.nj.us.

It is recommended that you maintain a copy of all reports as part of the organization's records.

Municipality:	New Jersey Office of the Attorney General Division of Consumer Affairs Office of Consumer Protection Legalized Games of Chance Control Commission	Identification number:License number:
	P.O. Box 46000, Newark, NJ 07101	

# (973) 273-8000 INSTANT RAFFLE TICKET REPORT OF OPERATIONS

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9.1, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Section A

Na	me of Lice	ensee:				Address:								of Games: _			
Γ		Date	Name of Game	Forni	Serial	Distributor	Sales Invoice	Size of		Ideal	Ideal Net	Actual Tickets Sold	Gross	Number of Tickets	Prize \$	Cost of	Net Proceeds
L	Start	End	Traine of Game	Number	Number		Number	Deal	Price	Payout	Net Receipts	Sold	Receipts	Tickets Redeemed	Paid Out	Deal	rioceeus
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Totals = Lines 1 through 17

Section	В
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Schedule of Expenses

Date	Description	Check Number	Amount		
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### Section C

### Utilization of Net Proceeds

Date	Description	Check Number	Amount
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Section D	Bank

Name	Address where Balance is Deposited	Account Number

# Person Responsible for Use of Proceeds

Name	Address	Telephone Number

Where are the unused tickets kept? (Please provide the address.)

# Section E

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Member in Charge	Address	Signature	Date

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete, I am aware that if any of the foregoing statements are willfully false, I am subject to punishment. Facts stated on this report are regarded as if made under oath.

I certify by placing a check in this  $\square$  box, that I have reviewed the report and that the information provided is true, accurate and complete.

You must state your name and title below. Reports that are not properly certified will be sent or e-mailed back.

Name and title of officer (plea	Signature (officer)					
Sworn and subscribed to before me this						
Month	Year	A EC C 1 II				
Name of Notary Public (please pri	int)	Affix Seal Here				

Form LGCCC 8B-A2Rev. December 2007

Мu	Office of Consumer Protection I										Identification number:						
				INSTAN		Garnes of Cha 1. Box 46000, N (973) 27 E TICKET	lewark, 1 '3-8000	NJ 0710 <sup>-</sup>	1	ERAT	IONS						
	This report, as requir	ed by <u>N.J.S.A.</u> 5:8-37	and N.J.A.C.	13:47-9.1, must be t	filed with the Legali	zed Games of Cha	ance Contr	ol Commi	ission no la	ater than th	e 15th day	of the mor	th following	the conduct o	of the game(s)	) of chance.	
	ction A me of Licensee:				Address:							_Location	of Games: _				
	Date	Name of Game	Form Number	Serial Number	Distributor	Sales Invoice	Size of Deal	Ticket Price	Ideal Payout	Ideal Net	Actual Tickets	Gross Receipts	Number of Tickets	Actual Prize \$	Cost of Deal	Net Proceeds	

П	D	ate	Name of Game	Form	Serial Number	Distributor	Sales Invoice	Size of	Ticket	Ideal	Ideal Net Receipts	Actual	Gross	Number of Tickets Redeemed	Actual Prize \$	Cost of	Net Proceeds
	Start	End	Name of Game	Number	Number		Number	Deal	Price	Payout	Receipts	Sold	Receipts	Redeemed	Paid Out	Deal	Proceeds
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Totals = Lines 1 through 17

Section B	Schedule of Expenses			Section E			
Date	Description	Check Number	Amount	I certify that all of the stateme that if any of the foregoing sta	ents on this report of operations stements are willfully false, I are	s are true, accurate and complete. I m subject to punishment.	l am aware
				Member in Charge	Address	Signature	Date
				I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment. Facts stated on this report are regarded as if made under oath.  I certify by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete.			
Section C	Utilization of Net Proceeds				•	are not properly certified will	
Date	Description	Check Number	Amount				
				Name and title of office	r (please print)	Signature (officer)	
				Swom and subscribed to before n	ne this		_
				day of	Year		
<u> </u>				Name of Notary Public	(please print)	Affix Seal Here	
Section D	Bank						
Name	Address where Balance is Deposite	d Acco	ount Number	Signature of Notar	y Minic		
•	Person Responsible for Use of Proce	eds					
Name Address		Telep	hone Number				

Form LGCCC 8B-A2Rev, December 2007

Where are the unused tickets kept? (Please provide the address.)