

New Jersey Office of Attorney General

Division of Consumer Affairs Legalized Games of Chance Control Commission 124 Halsey Street, 6th Floor, P.O. Box 46000 Newark, New Jersey 07101 (973) 273-8000

Instructions for Filing the Raffle Report of Operations

Pursuant to <u>N.J.A.C</u>. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control 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 must download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer must 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 that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to AskGames@dca.njoag.gov.

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



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Raffle Report of Operations

Please print clearly. Identification number "hqto cv" www www www.""							
Municipality				License number			
Name of license	e						
			Organization				
	Street address		City	State	ZIP code		
Location of gam	es						
					e filed with the Legalized Games of the conduct of the game(s) of chance.		
Occasion 1	Date		Time		Type of raffle		
1. Number of tick			4. Cost of prizes		Type of prize(s)		
2. Ticket price		\$	5. Supplies/Equipment cos				
3. Gross receipts		\$	6. Other expenses	\$			
			7. Total expenses	\$	8. Net proceeds \$		
Occasion 2	Date		Time		Type of raffle		
1. Number of ticke	ets sold		4. Cost of prizes	\$	Type of prize(s)		
2. Ticket price		\$	5. Supplies/Equipment cos	t \$			
3. Gross receipts		\$	6. Other expenses	\$			
			7. Total expenses	\$	8. Net proceeds \$		
Occasion 3	Date		Time		Type of raffle		
1. Number of ticke			4. Cost of prizes		Type of prize(s)		
2. Ticket price		\$	5. Supplies/Equipment cos	t \$			
3. Gross receipts		\$	6. Other expenses	\$			
			7. Total expenses	\$	8. Net proceeds \$		
Occasion 4	Date		Time		Type of raffle		
1. Number of tickets sold			4. Cost of prizes		Type of prize(s)		
2. Ticket price		\$	5. Supplies/Equipment cos	t \$			
3. Gross receipts		\$	6. Other expenses	\$			

7. Total expenses

\$______ 8. Net proceeds

\$____

Occasion 5	Date _		Time		Type of raffle		
1. Number of tie			4. Cost of prizes		Type of prize(s)		
2. Ticket price3. Gross receipts			5. Supplies/Equipment cost 6. Other expenses	\$			
				\$			
- 1		,	7. Total expenses		8. Net proceeds	\$	
			, v roum empenoes	¥		Ψ	
Occasion 6	Date _		Time		Type of raffle		
1. Number of tickets sold		4. Cost of prizes \$		\$	Type of prize(s)		
2. Ticket price			\$ 5. Supplies/Equipment cost				
3. Gross receipts			\$ 6. Other expenses \$			ach separate sheet)	
1	o. Gross receipts				8. Net proceeds \$		
Total number of Price of tickets. Total gross proc Total expenses	f tickets sole ceeds (1-6 c (1-6 combin	d (1-6 comb ombined) ned)	sined) \$ \$ \$ \$ \$				
			Schedule of Expense	es			
Date			Description		Check number	Amount	
			Utilization of Net Proce	eeds			
Date			Description	Check number	Amount		
 					+		
—							
\vdash							

		Bar	nk		
Name	Address where balance is deposited			Account number	
	Person R	esponsible !	for Use of Proceeds	<u> </u>	
Name		A	Address	Telephone	e number
I certify that all of the stateme that if any of the foregoing statement of the foregoing statement of the s	atements are Pri	e willfully fa izes Offered		nent.	I am aware
Prizes Offered or Awarded		Retail Value Prizes Offered or		rded	Retail Value
N.J.S.A. 5:8-37 "It shall be the be necessary to substantiate the				ooks and rec	ords as may
I certify that I have reviewed accurate and complete. I am a to punishment.					
I certify by placing a check provided is true, accurate and		ox, that I h	have reviewed the report an	nd that the i	information
You must state your name an	d title belov	w. Reports the	hat are not properly certifie	ed will be en	nailed back.
Name and title of officer (plea	ase print)		Signature of off	ficer	
Sworn and subscribed to befo day of					

Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here