

New Jersey Office of the Attorney General Division of Consumer Affairs

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 Raffle 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 "SAVE AS" 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.

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	ection A	<u>.</u>										J					,
Na					 T	Address:			<u> </u>		Ideal	A atual	_ Location	of Games: _ Number of			
	Start	Date End	Name of Game	Form Number	Serial Number	Distributor	Sales Invoice Number	Size of Deal	Ticket Price	Ideal Payout	Net	Actual Tickets	Gross Receipts	Tickets	Prize \$ Paid Out	Cost of Deal	Net Proceeds
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Totals

Section B

Schedule of Expenses

Date	Description	Check Number	Amount

Section C

Utilization of Net Proceeds

Date	Description	Check Number	Amount

Section D Bank

Name	Address where Balance is Deposited	Account Number

Person Responsible for Use of Proceeds

Name	Address	Telephone Number (include area code)

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 offi	cer (please print)	Signature (officer)
vorn and subscribed to befor	e me this	
	e me this,	

Signature of Notary Public