

GC-7R

NYS RACING & WAGERING BOARD
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Schenectady, NY 12305-2553
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FINANCIAL STATEMENT OF
RAFFLE OPERATIONS
TO REPORT NET PROFITS GREATER THAN
\$30,000 FOR THE CALENDAR YEAR:



Instructions: Prepare report in triplicate. Due January 30th of the year following the conduct of a raffle occasion. Send original to clerk of your municipality, one copy to N.Y.S. Racing and Wagering Board and retain one copy for your files.

Organization: [Grid for organization name]

N.Y.S. Identification Number: GC - [Grid] - [Grid] - [Grid] - [Grid] License Number: [Grid]

Street address: _____

City: _____ Zip Code: _____ County: _____

Date(s) of Raffle Drawing(s): _____

A. RECEIPTS (If there is more than one drawing, attach records detailing origin of figures for Sections A and B)

1. Tickets

- a. Number of tickets printed..... [Grid]
b. Number of tickets sold..... [Grid]
c. Number of tickets unsold..... [Grid]
d. Price of each ticket..... \$ [Grid]
e. Ticket receipts (item 1b times item 1d)..... \$ [Grid]

2. Other Receipts..... \$ [Grid]

3. Total Receipts (Add items A1e and A2)..... \$ [Grid]

B. EXPENDITURES - (Only payments directly related to the conduct of the raffle. Attach additional sheets if necessary.)

Table with columns: Describe Expenditure, Payee, Check No., Amount. Rows include: 1. Total Value of Prizes (Part E), 2. Tickets, 3. License Fee, 4. Raffle Equipment & Supplies, 5. Services, 6. Rent, 7. Other Expenses, 8. Total Expenditures (Add items B1 through B7).

C. NET PROFIT OR (LOSS)

- 1. Profit or (Loss) Before Additional License Fee (item A3 less item B8)..... \$ [Grid]
2. Less: Profit not subject to Additional License Fee..... -\$30,000.00
3. Profit or (Loss) Subject to Additional License Fee (item C1 less item C2)..... \$ [Grid]
4. Additional License Fee (2% of Line C3) (List Check Number: _____)..... \$ [Grid]
5. Net Profit or (Loss) (item C3 less item C4)..... \$ [Grid]

D. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS

- 1. Unexpended balance of net proceeds shown on last report..... \$ [Grid]
2. Net Profit or (Loss) from this raffle (item C5)..... \$ [Grid]



- 3. Interest earned on net proceeds on deposit in interest bearing account(s)..... \$.
- 4. Other deposits into or adjustments in Special Games of Chance Account..... \$.
- Explanation: _____
- 5. Total Net proceeds (Add items D1 through D4)..... \$.

Disbursements of Net Proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 6. Total Disbursements..... \$.
- 7. Unexpended balance of net proceeds (item D5 less item D6)..... \$.

E. SCHEDULE OF PRIZES (Cash or Fair Market Value of Merchandise Prize(s))

DESCRIPTION OF PRIZES	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Value of Prizes (Report on Line 1 Part B)..... \$.

F. SCHEDULE OF **DONATED** PRIZES (Cash or Fair Market Value of Merchandise Prize(s))

DESCRIPTION OF PRIZES DONATED ONLY	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Value of Donated Prizes..... \$.

G. Grand Total Value of Prizes (Total from Section E plus Section F)

Note that this amount may not exceed \$100,000.00 for the calendar year..... \$.

THIS DECLARATION MUST BE COMPLETED

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

H. Head of Organization:

Name: _____ Address: _____
 Phone: () - Date: / / Signed: _____

I. Member in Charge:

Name: _____ Address: _____
 Phone: () - Date: / / Signed: _____

J. Prepared By:

Name: _____ Address: _____
 Phone: () - Date: / / Signed: _____

