



GCVS-2 Verified Statement of Raffle Operations

To Report Net Profits Less 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 NYS Gaming Commission and retain one copy for your files.

Name of Organization: _____

Games of Chance Identification Number: _____

Street Address: _____

City, Town or Village (circle one): _____ Zip Code: _____

Phone Number: _____

Date(s) of Raffle Drawing(s)

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

1. Tickets

a. Number of tickets printed: _____

b. Number of tickets sold: _____

c. Number of tickets unsold: _____

d. Price of each ticket: _____

e. Ticket receipts (line 1b times line 1d): _____

2. Other Receipts: _____

3. Total Receipts (Add lines A1e and A2): _____

B. EXPENDITURES (Only payments directly related to the conduct of the raffle. Attach schedule if additional space is required.)

Describe Expenditure	Payee	Check No.	Amount
1. Total Value of Prizes (Part E):	_____	_____	_____
2. Tickets:	_____	_____	_____
3. Raffle Equipment & Supplies:	_____	_____	_____
4. Services:	_____	_____	_____
5. Rent:	_____	_____	_____
6. Other Expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
7. Total Expenditures (Add lines B1 through B7):	_____		

C. NET PROFIT OR (LOSS)

1. Net Profit or (Loss) (line A3 less line B7): _____

STOP: Is the figure on line C1 greater than \$30,000.00? If so, then you will need to obtain a raffle license from your municipal clerk and file Form GC-7R. If the figure on line C1 is less than or equal to \$30,000.00 this is the correct statement to file.

D. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS

1. Unexpended balance of net proceeds shown on last report: _____

2. Net Profit or (Loss) from this occasion (line C1): _____

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 lines D1 through D5): _____

Disbursements of Net Proceeds since last report: (Attach schedule if more space is needed)

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

6. Total Disbursements: _____

7. Unexpended balance of net proceeds (line D6 less line D7): _____

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

Description of Prizes	Value
_____	_____
_____	_____
_____	_____
_____	_____

Total Value of Prizes (Report on line B1): _____

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. TOTAL VALUE OF PRIZES (Total from Part E plus Part F): _____

H. DECLARATION: (All three sections must be signed. Unsigned reports will be returned):

I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.

<u>Head of Organization:</u>	
_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>

<i>Email Address</i>	

<u>Preparer of Report:</u>	
_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>

<i>Email Address</i>	

<u>Member In Charge:</u>	
_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>
_____	(_____)_____
<i>Home Address, City and Zip Code</i>	<i>Phone Number</i>

<i>Email Address</i>	