



Total Dispensing Machine Sales To Organizations..... \$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  
Total Dispensing Machine Sales To Distributors (if a manufacturer)..... \$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  

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*TOTAL AMOUNT OF ALL SALES & LEASES:* \$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_

**Games of Chance (Las Vegas Nights, Casino Nights, Bazaars, Carnivals, etc.)**

Total Number Of Gaming Tables/Wheels/Layouts Sold Or Leased To Organizations..... \_\_\_\_\_  
Total Number Of Gaming Tables/Wheels/Layouts Sold Or Leased To Distributors (if a manufacturer)..... \_\_\_\_\_  
Total Sales Of Tables/Wheels/Layouts Sold Or Leased To Organizations.....\$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  
Total Sales Of Tables/Wheels/Layouts Sold Or Leased To Distributors (if a manufacturer).....\$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  

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*TOTAL AMOUNT OF ALL SALES & LEASES:* \$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_

**Raffle Devices (including software)**

Total Number Of Devices Sold Or Leased To Organizations..... \_\_\_\_\_  
Total Number Of Devices Sold Or Leased To Distributors (if manufacturer)..... \_\_\_\_\_  
Total Sales Of Devices Sold Or Leased To Organizations.....\$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  
Total Sales Of Devices Sold Or Leased To Distributors (if a manufacturer).....\$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_  

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*TOTAL AMOUNT OF ALL SALES & LEASES:* \$ \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Name Title E-Mail

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

**\*\*Note: This form must be attached to your quarterly invoices which are due within 20 days of the end of each quarter.**