



January 1st - March 31st April 1st - June 30th July 1st - September 30th October 1st - December 31st

Name of Organization: _____

Games of Chance ID: _____

Street Address: _____ Street City Zip Code

Instructions: Submit this report to the New York State Gaming Commission within 15 days of the end of each calendar quarter. Send a list of all checks written during the respective quarter and copies of the most recent three monthly bank statements of the special games of chance checking account. Pay the Commission five percent of ideal net proceeds. Veterans organizations must also include copies of the minutes of their membership meetings if authorizing any expenditures pursuant to games of chance rule 4624.21(c)(4) and (d). If licensed, this report must be filed even if no tickets were sold. Mail to: New York State Gaming Commission P.O. Box 7500, 354 Broadway, Schenectady, NY 12301-7500.

A. QUARTERLY PROCEEDS

- A1. Total number of closed deals (from Schedule 1, Box T)
A2. Ideal handle/total ticket value (from Schedule 1, Box Q)
A3. Total cash prizes (from Schedule 1, Box R)
A4. Total value of unsold tickets (from Schedule 1, Box S)
A5. Cost of deals, coin boards and/or merchandise boards (purchased this quarter only)
A6. Add lines A3, A4 and A5
A7. Ideal Net Proceeds (subtract line A6 from line A2)

B. NET PROFIT (or loss)

- B8. Enter 5% Additional License Fee (line A7 x 5%)
B9. Total Net Profit or Loss (subtract line B8 from line A7)

C. STATEMENT OF NET PROCEEDS

- C10. Unexpended balance of Net Proceeds from last GC-7Q report (line D17)
C11. Interest earned in this quarter
C12. Quarterly Net Proceeds and Interest (add lines C10 and C11)
C13. Adjustments: (needs prior approval from the Gaming Commission before including it on this form)

Adjustment Explanation:

- C14. Adjusted Net Proceeds and Interest (add lines C13 and C12)
C15. Total Net Proceeds (add lines B9 and C14)

D. UNEXPENDED BALANCE OF NET PROCEEDS

- D16. Total Disbursements (excluding cost of deals and 5% fee)
D17. Total Unexpended Balance of Net Proceeds (subtract line D16 from line C15)

E. AFFIRMATION

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. (Pursuant to Commission Rule 4624.6, "if the financial statement of bell jar operations filed by a licensee is not properly verified, or not fully, accurately and truthfully completed, no further license shall issue to it, and any existing license may be suspended".)

Head of Organization:

Signature Date

Print Name Print Title
()

Home Address, City and Zip Code Phone Number

Email Address

Preparer of Report:

Signature Date

Print Name Print Title
()

Home Address, City and Zip Code Phone Number

Email Address

Member In Charge:

Signature Date

Print Name Print Title
()

Home Address, City and Zip Code Phone Number

Email Address

F. FINANCIAL INFORMATION

If your organization holds bell jar money in additional accounts (such as CD or savings), enter the name of the financial institution(s), respective account number(s) and the amount held in each account. Use additional paper if necessary.

Financial Institution: _____ Acct.#: _____ Balance \$: _____

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