

### New Jersey Office of Attorney General

Division of Consumer Affairs Legalized Games of Chance Control Commission 124 Halsey Street, 6th Floor, P.O. Box 46000 Newark, New Jersey 07101 (973) 273-8000

## **Instructions for Filing the Raffle Report of Operations**

Pursuant to N.J.A.C. 13:47-9.1, licensees must 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 all raffles, except for instant raffle games and carnival games and wheels. 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 their name and title, and sign the document before a notary public.

Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles must be submitted along with a printer's certificate and a sample ticket. All reports on paper are to 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, EXCEPT FOR OFF-PREMISES 50/50 RAFFLES INVOLVING ADDITIONAL FEES. 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 person must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Raffle 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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# **Raffle Report of Operations**

Please print clearly.  Municipality		Identification number License number					
		Organization .					
Ste	eet address	City St	ate	ZIP code			
Location of games	·			~			
This report, as rec Chance Control Co	quired by <u>N.J.S</u> ommission no la	S.A. 5:8-37 and <u>N.J.A.C</u> . 13:47-9 ater than the 15th day of the month the 15th day of the 15t	, must b following	e filed with the Legalized Games of g the conduct of the game(s) of chance			
Occasion 1	Date	Time		Type of raffle			
<ol> <li>Number of tickets</li> <li>Ticket price</li> <li>Gross receipts</li> </ol>	\$	4. Cost of prizes 5. Supplies/Equipment cost 6. Other expenses		Type of prize(s)			
·	¥	7. Total expenses	·	8. Net proceeds \$			
Occasion 2	Date	Time		Type of raffle			
<ol> <li>Number of tickets</li> <li>Ticket price</li> </ol>	•	4. Cost of prizes 5. Supplies/Equipment cost		Type of prize(s)			
3. Gross receipts	\$	6. Other expenses 7. Total expenses	\$ \$	8. Net proceeds \$			
Occasion 3	Oate	Time		Type of raffle			
Number of tickets     Ticket price     Gross receipts	\$	4. Cost of prizes 5. Supplies/Equipment cost 6. Other expenses	\$	Type of prize(s)			
3. Gross receipts	Ψ	7. Total expenses		8. Net proceeds \$			
Occasion 4	ate	Time	ean (Film) Tax any Table II Tarkana a sa at Armat	Type of raffle			
1. Number of tickets		4. Cost of prizes		Type of prize(s)			
2. Ticket price 3. Gross receipts	\$ \$	5. Supplies/Equipment cost 6. Other expenses 7. Total expenses	\$ \$ \$				

Occasion 5		Time		Type of raffle_	
1. Number of ti	ckets sold	4. Cost of prizes	\$	Type of prize(s	)
2. Ticket price	\$	5. Supplies/Equipment cos			
3. Gross receipt	ts \$	6. Other expenses	\$	<u> </u>	
	The same of the sa	7. Total expenses	\$	8. Net proceeds	\$ \$
Occasion 6	Date	Time		Type of raffle	
1. Number of tie	*	4. Cost of prizes		Type of prize(s)	
2. Ticket price		5. Supplies/Equipment cos		Type of plize(s	
3. Gross receipt			\$		
<u> </u>	7	7. Total expenses		8. Net proceeds	\$
Total number of Price of tickets Total gross proc Total expenses (	coccasions	ned)\$ \$ \$ \$			t.
·		Schedule of Expens	es		
Date		Description		Check number	Amount
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		Utilization of Net Proc	eeds		
Date		Description		Check number	Amount
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•		Вап	ıK .				
Name	Name Address where balance is deposited			Acc	Account number		
	Person	Responsible f	or Use of Proceeds				
Name		Ac	ldress	Telephone number			
***************************************				(include area cone)			
certify that all of the statem nat if any of the foregoing st	tatements :	are willfully fal Prizes Offered	se, I am subject to puni or Awarded	shment.	ete. I am awa		
Please li		Offered or awarde	d and their respective retail  Prizes Offered or A		Retail Value		
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· .							
L.J.S.A. 5:8-37 "It shall be the necessary to substantiate to if made under oath.  certify that I have reviewed ecurate and complete. I am a punishment.	the particu	lars of each suc	ch report." Facts stated information on this re	on this repor	t are regarde ations is true		
certify by placing a check covided is true, accurate and			ve reviewed the report	t and that th	e information		
ou must state your name and t	title below	. Reports that are	e not properly certified w	vill be sent or e	e-mailed back		
			•				
Name and title of officer (plea	ase print)	,	Signature o	of officer			
Name and title of officer (plea worn and subscribed to before	•	Year	Signature o		eal Here		

Signature of Notary Public

Form LGCCC 8R-A (Rev. 12/4/07)