



Division of Charitable Gaming
GC-7R Financial Statement of Raffle Operations

To Report Net Profits Greater Than \$30,000
For Calendar Year: _____

Instructions: Prepare report in triplicate. Due **within 30 days** after the conclusion 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 A1b times line A1d): _____

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. License Fee: | _____ | _____ | _____ |
| 4. Raffle Equipment & Supplies: | _____ | _____ | _____ |
| 5. Services: | _____ | _____ | _____ |
| 6. Rent: | _____ | _____ | _____ |
| 7. Other Expenses: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| 8. Total Expenditures (Add lines B1 through B7): | _____ | | |

C. NET PROFIT OR (LOSS)

| | |
|---|------------------|
| 1. Net Profit (or Loss) Before Additional License Fee (line A3 less line B8): | _____ |
| 2. Less: Profit not subject to Additional License Fee: | -\$30,000 |
| 3. Profit (or Loss) Subject to Additional License Fee (line C1 less line C2): | _____ |
| 4. Additional License Fee (2% of Line C3) (list check number:_____): | _____ |
| 5. Net Profit (or Loss) (item C3 less item C4): | _____ |

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 raffle (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 D4): _____

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 D5 less line 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 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.

Head of Organization:

| | |
|--|---------------------|
| _____ | _____ |
| <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> | |

Preparer of Report:

| | |
|--|---------------------|
| _____ | _____ |
| <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> | |

Member In Charge:

| | |
|--|---------------------|
| _____ | _____ |
| <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> | |