GCVS-2

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

VERIFIED STATEMENT
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(s). Send original to clerk of your municipality, one copy to N.Y.S. Racing and Wagering Board and retain one copy for your files.

Organization:

N.Y.S. Identification Number: GC - ___ - ___ - ___ - ___

Street address: _____

City: _____ Zip Code: _____ County: _____

Date(s) of Raffle Drawing(s): _____

A. RECEIPTS *(If there is more than one drawing, attach records 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 (item 1b times item 1d)..... $.
2. Other Receipts..... $.
3. Total Receipts (Add items A1e and A2)..... $.

B. EXPENDITURES - (Only payments directly related to the conduct of the raffle. Attach additional sheets if necessary.)

	Describe Expenditure	Payee	Check No.	
1. Total Value of Prizes (Part E).....				$.
2. Tickets.....				$.
3. Raffle Equipment & Supplies.....				$.
4. Services.....				$.
5. Rent.....				$.
6. Other Expenses				$.
				$.
7. Total Expenditures (Add items B1 through B6).....				$.

C. NET PROFIT OR (LOSS)

1. Net Profit or (Loss) (item A3 less item B7)..... $.

STOP: If the figure on line C1 is greater than $30,000.00 then you must obtain a raffle license (GC-5) from your municipal clerk and file Form GC-7R. If the figure on line C1 is less than or equal to $30,000.00 proceed to Section D line 1.

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 (item 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 items D1 through D4)..... $.

Disbursements of Net Proceeds since last report: (Attach additional sheets if necessary)

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

6. Total Disbursements..... $.

7. Unexpended balance of net proceeds (item D5 less item 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 1 Part B)..... $.

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. Grand Total Value of Prizes (Total from Section E plus Section F)
Note that this amount may not exceed $100,000.00 for the calendar year..... $.

Instructions: This section must be fully completed by all parties.

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

Head of Organization:

First Name | Last Name

Street Address | City | Zip | County

( ) - | Signature | Date / /

Member in Charge:

First Name | Last Name

Street Address | City | Zip | County

( ) - | Signature | Date / /

Preparer (if different):

First Name | Last Name

Street Address | City | Zip | County

( ) - | Signature | Date / /