

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 \$: _____

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

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

P.O. Box 7500, Schenectady, NY 12301-7500

www.gaming.ny.gov

NYS RACING & WAGERING BOARD CONTROL REPORT OF BELL JAR TICKET SALES



Date Deal Opened/Started: ____ / ____ / ____

Date Deal Finished/Closed: ____ / ____ / ____

Name of Committee Member or Point Person Selling Deal	Today's Date	Starting Game Bank	Name of Bell Jar Ticket Deal	Serial #	Total Prizes Paid Out	Amount Collected	Balance
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							
Print: _____ Sign: _____							

This form is to be used for only one deal of tickets. Keep this sheet with the deal's winning and unsold tickets.

Name of Point Person Responsible for Collecting Report: _____

Print Name

Signature

Date

Name of Deal/Ticket	Form #	Serial #	Coin or Merchandise Board Name (if any)	Form # of Coin or Merchandise Board	Serial # of Coin or Merchandise Board	Deal Ticket Count	Price Per Ticket
A	B	C	D	E	F	G	H
Ticket Value (G x H)	Cash Prizes	Other Prizes (coins/merchandise)	Total Prizes Awarded (J + K)	Unsold Tickets	Unsold Ticket Value (M x H)	Actual Profit (or Loss) (I - L - N)	
I	J	K	L	M	N	O	

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Page Totals

Grand Totals must be reflected on the last page and added to the GC-7Q report in Section A.

Total Ticket Value

Total Cash Prizes

Total Unsold Value

Total # of Closed Deals

(add to GC-7Q line A2)

(add to GC-7Q line A3)

(add to GC-7Q line A4)

(add to GC-7Q line A1)

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