

## New Jersey Office of Attorney General Division of Consumer Affairs

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

## **Bingo Report of Operations**

Please print clearly.		Ide	ntificati	on number Type of Raffle to be neid		
MunicipalityLicense number						
Name of licensee						
		Organization				
Street address		City Stat	e	ZIP code		
Location of games						
				led with the Legalized Games of g the conduct of the game(s) of chance.		
Occasion 1 Date		Time		Number of players		
1. Regular games sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games sales	\$	10. Special games payout		17. Supplies/equip. \$		
3. 50/50 Bingo games sales \$						
4. Multicolor games sales	\$	12. Multicolor games payout	\$	19. Total expenses \$		
5. Progressive games sales	\$	13. Progressive jackpot/cons.	\$			
6. Predraw games sales	\$	14. Predraw payout	\$			
7. Electronic hand-held sales	\$	<u> </u>				
Adm. cards	\$	<u> </u>				
8. Total sales	\$	15. Total payout	\$	20. Net proceeds \$		
Occasion 2 Date		Time		Number of players		
1. Regular games sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games sales	\$	10. Special games payout	\$	17. Supplies/equip. \$		
3. 50/50 Bingo games sales S	\$	11. 50/50 Bingo games payout	\$	18. Comp. Workers \$		
4. Multicolor games sales	\$	12. Multicolor games payout	\$	19. Total expenses \$		
5. Progressive games sales	\$	13. Progressive jackpot/cons.	\$			
6. Predraw games sales	\$	14. Predraw payout	\$			
7. Electronic hand-held sales	\$	<u></u>				
Adm. cards	\$	<u></u>				
8. Total sales		15. Total payout	\$	20. Net proceeds \$		

Occasion 3 Date		Time			Number of players		
1. Regular games	sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games sales \$_		\$	10. Special games payout	\$	17. Supplies/equip. \$		
3. 50/50 Bingo ga	ames sales \$	S	11. 50/50 Bingo games payout	\$	18. Comp. Workers \$		
4. Multicolor gan	nes sales	\$	12. Multicolor games payout	\$	19. Total expenses \$		
5. Progressive gas	mes sales	\$	13. Progressive jackpot/cons.	\$	<u></u>		
6. Predraw games	s sales	\$	14. Predraw payout	\$	<u></u>		
7. Electronic hand	d-held sales	\$					
Adm. cards		\$					
8. Total sales		\$	15. Total payout	\$	20. Net proceeds \$		

Occasion 4 Date		Time			Number of players		
1. Regular games	sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games sales \$		·	10. Special games payout		17. Supplies/equip. \$		
3. 50/50 Bingo games sales \$4. Multicolor games sales \$							
					19. Total expenses \$		
_			13. Progressive jackpot/cons.		_		
6. Predraw games			14. Predraw payout	\$			
7. Electronic hand							
Adm. cards		\$					
8. Total sales			15. Total payout	\$	20. Net proceeds \$		
Occasion 5	Date		Time		Number of players		
1. Regular games	sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games	sales	\$	10. Special games payout	\$	17. Supplies/equip. \$		
		\$	11. 50/50 Bingo games payout \$18. Comp. Wor		18. Comp. Workers \$		
4. Multicolor gan	nes sales				19. Total expenses \$		
5. Progressive ga	mes sales	\$	13. Progressive jackpot/cons.	\$			
6. Predraw games	s sales	\$	14. Predraw payout	\$			
7. Electronic hand	d-held sale						
Adm. cards		\$					
8. Total sales		\$	15. Total payout	\$	20. Net proceeds \$		
Occasion 6	Date		Time		Number of players		
1. Regular games	sales	\$	9. Regular games payout	\$	16. Rentals \$		
2. Special games			10. Special games payout	\$	17. Supplies/equip. \$		
3. 50/50 Bingo games sales \$		11. 50/50 Bingo games payout	\$	18. Comp. Workers \$			
4. Multicolor gan	nes sales	\$	12. Multicolor games payout	\$	19. Total expenses \$		
5. Progressive ga	mes sales		13. Progressive jackpot/cons.	\$			
6. Predraw games			14. Predraw payout	\$			
7. Electronic hand							
		\$					
Adm. cards		Ψ					

## **Schedule of Expenses**

Date	Description	Check number	Amount

## **Utilization of Net Proceeds**

Date		Description		Check number		Amount	
		Ba	nk				
	Name	Address where balance is deposited			Account number		
Name			Address		Telephone number		
ı							
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nd complete	e. I am aware that if	any of the foregoing sta	tements are willfully i	false, I ar	n subject	to punishmen	
	rate and complete		<i>I</i>		J	1	
You must sta oack.	ate your name and	l title below. Reports the	hat are not properly o	certified	will be s	ent or e-mail	
Name and title of officer (please print)		Si	gnature of off	icer			
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Sworn and solar of	ubscribed to before	re me this,			Affix S	Seal Here	

Signature of Notary Public

Form LGCCC 8B-A (Rev. 4/8/08)