



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
GAMING CONTROL BOARD

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

RAFFLE AFTER OCCASION REPORT

This report must be filed with the Delaware Gaming Control Board within fifteen (15) calendar days after the conclusion of any game (28 Del. C. § 1140 (a)).

IDENTIFYING INFORMATION

1. Name of Sponsoring Organization: _____

Sponsoring Organization is a defined term (Title 24, Delaware Administrative Code, Regulation 403, Section 1.0.

2. Delaware Gaming Control Board permit number for the event: RE- _____

3. Place where drawing(s) took place:

4. Date of drawing(s): _____

5. Number of raffle tickets sold: _____

6. List the name(s) and address(es) of the member(s)-in-charge of the event (28 Del. C. § 1137 (a) (2)).

NAME	ADDRESS

RECEIPTS

Receipts from raffle sales	\$
Receipts from food and beverage sales	\$
Any other receipts not listed above	\$
TOTAL GROSS RECEIPTS	\$

EXPENDITURES

<p>Total cost of all prizes listed on Exhibit C, including name and address of all prize winners and the description and value of all prizes awarded by the Sponsoring Organization.</p> <p>The Sponsoring Organization must provide the prize winner Internal Revenue Service form W2-G for all prizes valued at \$600 or more. See www.irs.gov/pub/irs-pdf/p3079.pdf</p>	\$
<p>Cost of use of event premises (if applicable) listed on Exhibit B</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
<p>Cost of equipment rental (if applicable) listed on Exhibit B</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
<p>Cost of advertising the event listed on Exhibit B</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
<p>Cost of raffle supplies used (if applicable) listed on Exhibit B</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
<p>Cost of bookkeepers or accountants (if applicable) listed on Exhibit B</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
<p>Any other expense(s) not listed above</p> <p>Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.</p>	\$
TOTAL EXPENSES	\$

NET PROFIT

Subtract **TOTAL EXPENSES** from **TOTAL RECEIPTS** above: \$ _____

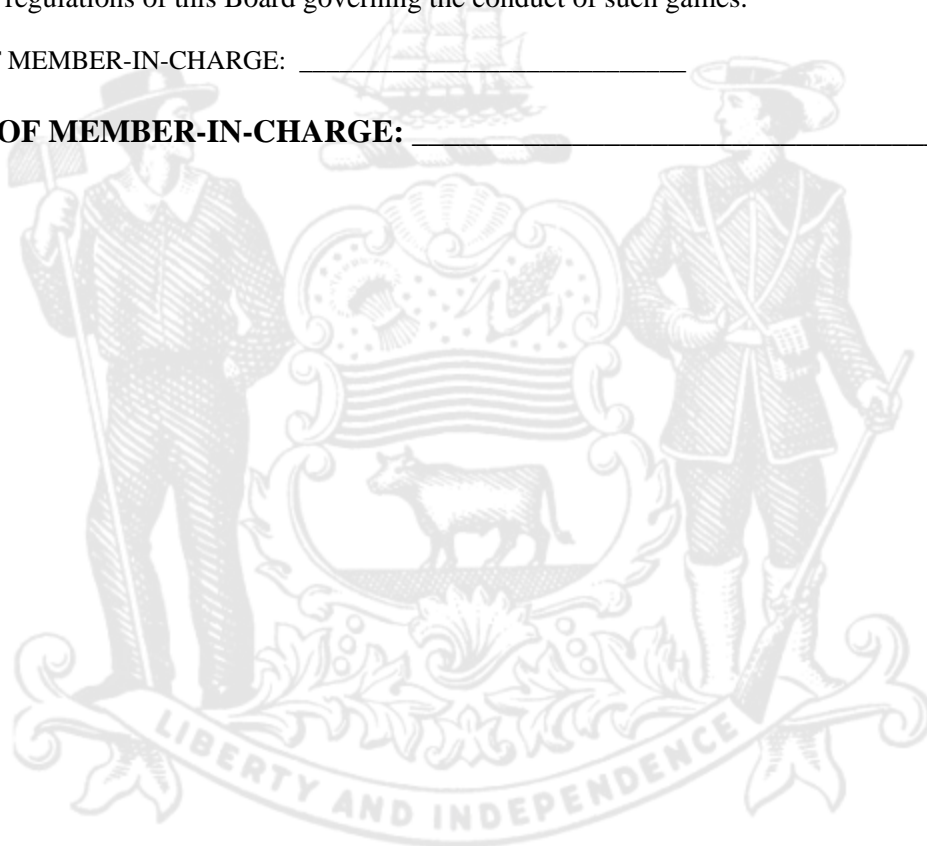
PURPOSE OF PROCEEDS

State purpose(s) for which the event’s net proceeds will be used (28 Del. C. § 1140 (a) (5)):

Under penalties of perjury I do hereby state **under oath** that all statements in the foregoing report are true and correct and that the game was conducted in accordance with the provisions of the laws of this State, the license, and the rules and regulations of this Board governing the conduct of such games.

PRINT NAME OF MEMBER-IN-CHARGE: _____

SIGNATURE OF MEMBER-IN-CHARGE: _____





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EXHIBIT B – EXPENSES INCURRED OR PAID

List each item of expense incurred or paid along with the name and address of each person/vendor paid (or to be paid) for the item and a description of the merchandise purchased or service rendered (28 *Del. C. § 1140 (a) et seq.*). Use as many **Exhibit B** forms as needed to list all expenses incurred or paid.

Prize	Vendor	Full Description of Merchandise Purchased or Service Received.	Expense
1.	Name:		\$
	Address:		
	City: State:		
2.	Name:		\$
	Address:		
	City: State:		
3.	Name:		\$
	Address:		
	City: State:		
4.	Name:		\$
	Address:		
	City: State:		
5.	Name:		\$
	Address:		
	City: State:		
6.	Name:		\$
	Address:		
	City: State:		
7.	Name:		\$
	Address:		
	City: State:		
8.	Name:		\$
	Address:		
	City: State:		
9.	Name:		\$
	Address:		
	City: State:		
10.	Name:		\$
	Address:		
	City: State:		



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EXHIBIT C – PRIZE WINNERS & PRIZE VALUE

List name and address of each person awarded a prize along with a full and fair description of the prize merchandise and its actual or appraised value. Use as many Exhibit C forms as needed to list all prizes awarded.

The Sponsoring Organization must provide Internal Service Revenue form W2-G to the winners of all prizes valued at \$600 or more.

Prize	Prize Winner	Description of Prize Merchandise Awarded	Value
1.	Name:		\$
	Address:		
	City: State:		
2.	Name:		\$
	Address:		
	City: State:		
3.	Name:		\$
	Address:		
	City: State:		
4.	Name:		\$
	Address:		
	City: State:		
5.	Name:		\$
	Address:		
	City: State:		
6.	Name:		\$
	Address:		
	City: State:		
7.	Name:		\$
	Address:		
	City: State:		
8.	Name:		\$
	Address:		
	City: State:		
9.	Name:		\$
	Address:		
	City: State:		
10.	Name:		\$
	Address:		

	City:	State:		
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