



**Division of Charitable Gaming**  
**GCVS-2 Verified Statement of Raffle Operations**

**To Report Net Profits Less Than \$30,000**  
**For The Calendar Year: \_\_\_\_\_**

Instructions: Prepare report in triplicate. Due **January 30<sup>th</sup>** of the year following the conduct 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 1b times line 1d): \_\_\_\_\_

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

**C. NET PROFIT OR (LOSS)**

1. Net Profit or (Loss) (line A3 less line B7): \_\_\_\_\_

**STOP: Is the figure on line C1 greater than \$30,000.00? If so, then you will need to obtain a raffle license from your municipal clerk and file Form GC-7R. If the figure on line C1 is less than or equal to \$30,000.00 this is the correct statement to file.**

**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 (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 D5): \_\_\_\_\_

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 D6 less line D7): \_\_\_\_\_

**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:**

\_\_\_\_\_  
*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*