



Gaming Commission

Division of Charitable Gaming

MANUFACTURER/DISTRIBUTOR QUARTERLY STATEMENT OF SALES OF BINGO AND GAMES OF CHANCE SUPPLIES AND EQUIPMENT

Calendar Year: _____

Filing Period: [] Jan. 1 – March 31 [] April 1 – June 30 [] July 1 – Sept. 30 [] Oct. 1 – Dec. 31

Name of Supplier: _____

Mailing Address: _____ (Street) _____ (City, Town or Village) _____ (State) _____ (Zip Code)

Phone Number: _____ License No.: _____

Bingo Supplies and Equipment

Total Number Of Bingo Carton/Boxes And Blowers Sold To Distributors..... _____

- total number of package paper..... _____
• total number of "ups" excluding package paper..... _____

Total Number Of Bingo Carton/Boxes And Blowers Sold To Commercial Halls... _____

- total number of package paper..... _____
• total number of "ups" excluding package paper..... _____

Total Number Of Bingo Carton/Boxes And Blowers Sold To Organizations..... _____

- total number of package paper..... _____
• total number of "ups" excluding package paper..... _____

Total Number Of Electronic Bingo Aides Sold/Leased To Distributors..... _____

Total Number Of Electronic Bingo Aides Sold/Leased To Organizations..... _____

Total Number Of Electronic Bingo Aides Sold/Leased To Commercial Halls..... _____

Total Sales Of Bingo Carton/Boxes And Blowers To Distributors..... \$ _____

Total Sales Of Bingo Carton/Boxes And Blowers To Organizations..... \$ _____

Total Sales Of Bingo Carton/Boxes And Blowers To Commercial Halls... \$ _____

Total Sales Of Electronic Bingo Aides To Distributors \$ _____

Total Sales Of Electronic Bingo Aides To Organizations..... \$ _____

Total Sales Of Electronic Bingo Aides To Commercial Halls..... \$ _____

TOTAL AMOUNT OF ALL SALES & LEASES: \$ _____

Bell Jar Tickets and Dispensing Machines

Total Number Of Deals Sold To Organizations..... _____

Total Number Of Deals Sold To Distributors (if a manufacturer)..... _____

Total Number Of Dispensing Machines Sold/Leased To Organizations..... _____

Total Number Of Dispensing Machines Sold/Leased To Distributors (if a manufacturer)... _____

Total Bell Jar Ticket Sales To Organizations..... \$ _____

Total Bell Jar Ticket Sales To Distributors (if a manufacturer)..... \$ _____

Total Dispensing Machine Sales To Organizations..... \$ _____

Total Dispensing Machine Sales To Distributors (if a manufacturer)..... \$ _____

TOTAL AMOUNT OF ALL SALES & LEASES: \$ _____



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Games of Chance (Las Vegas Nights, Casino Nights, Bazaars, Carnivals, etc.)

Total Number Of Gaming Tables/Wheels/Layouts Sold Or Leased To Organizations.....

Total Number Of Gaming Tables/Wheels/Layouts Sold Or Leased To Distributors (if a manufacturer).....

Total Sales Of Tables/Wheels/Layouts Sold Or Leased To Organizations.....\$

Total Sales Of Tables/Wheels/Layouts Sold Or Leased To Distributors (if a manufacturer).....\$

TOTAL AMOUNT OF ALL SALES & LEASES: \$

Raffle Devices (including software)

Total Number Of Devices Sold Or Leased To Organizations.....

Total Number Of Devices Sold Or Leased To Distributors (if manufacturer).....

Total Sales Of Devices Sold Or Leased To Organizations.....\$

Total Sales Of Devices Sold Or Leased To Distributors (if a manufacturer).....\$

TOTAL AMOUNT OF ALL SALES & LEASES: \$

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

Print Name Title E-Mail

Signature Date

**Note: This form must be attached to your quarterly invoices which are due within 20 days of the end of each quarter.