**INSTRUCTIONS:** Prepare report in triplicate. Within 7 days after each license period, send original to clerk of municipality, send one copy to N.Y.S. Racing & Wagering Board, Bureau of Bell Jar & Charitable Gaming Compliance, 1 Broadway Center, Suite 600, Schenectady, NY, 12305, and retain one copy for your files. Where applicable, one copy shall also be submitted to the Chief Fiscal Officer of the County.

<table>
<thead>
<tr>
<th>GC-</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.Y.S. Identification Number</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Organization**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Municipality</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

**Address Where Games are Conducted, if Different:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Municipality</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Players</th>
<th>Number of Types of Games</th>
<th>Date of License Period</th>
<th>Hours of License Period</th>
</tr>
</thead>
</table>

**A. RECEIPTS**

1. Admissions (if fee is charged).......................... $-
2. Profit or Loss from games other than Merchandise Wheels... $-
3. Profit or Loss from Merchandise Wheels.................. $-
   (Form GC-7B must be completed and attached)
4. Total Receipts (Add Items 1, 2 and 3).................. $-

**B. EXPENDITURES** - (Show only payments actually made)

1. Rent.......................................................... $-
2. License Fee.................................................. $-
3. Games of Chance Equipment and Supplies................ $-
4. Services..................................................... $-
5. Other Expenses............................................... $-
6. Total Expenditures......................................... $-

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

1. Profit or (Loss) Before Additional License Fee (Item A4 less Item B6) $-
2. Additional License Fee (LIST CHECK NUMBER____________)........... $-
3. Net Profit or (Loss) (Item 1 less Item 2).......................... $-

**D. GAME BANK FUND**

(Memo Entry Only)

<table>
<thead>
<tr>
<th>Payee</th>
<th>Check No.</th>
<th>Amount</th>
</tr>
</thead>
</table>

**E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS** -

1. If this is organization's first license period, give opening balance, if any, in the Special Games of Chance Account $-
   Source of opening balance
2. Unexpended balance of net proceeds shown on last report $-
3. Net profit or (Loss) from this license period (Part C, Item 3).......................... $ 

4. Interest earned on net proceeds on deposit in interest bearing account(s)......... $ 

5. Other deposits into or adjustments in Special Games of Chance Account......... Explanation

6. Total net proceeds (add Items 1 through 5)....................................................... $ 
Disbursements of net proceeds since last report: (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Date</th>
<th>Check No.</th>
<th>Description of Disbursements</th>
<th>Name &amp; Address of Payee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

7. Total Disbursements....................................................................................... $ 

8. Unexpended balance of net proceeds (Item 6 less Item 7)............................ $ 
(Include interest bearing accounts)

F. Reconciliation of Unexpended Balance (To be Completed Monthly - - Upon receipt of Monthly Bank Statement)

<table>
<thead>
<tr>
<th>Depository</th>
<th>Name of Bank</th>
<th>Account No.</th>
<th>Reconciled Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Checking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Must be the same as Line E8 - Unexpended Balance)............................... $ 

Instructions: This section must be fully completed by all parties.

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

Head of Organization:

First Name
Last Name
Street Address
City
Zip
County
Phone Number
Signature
Date

Member in Charge:

First Name
Last Name
Street Address
City
Zip
County
Phone Number
Signature
Date

Preparer (if different):

First Name
Last Name
Street Address
City
Zip
County
Phone Number
Signature
Date