Reviewed By:

CG-DIS
5/15

LICENSED CHARITABLE GAMING DISTRIBUTOR QUARTERLY REPORT

Quarter: 1 2 3 4 (check one) **Calendar Year:** _____

REPORT DUE BY APRIL 30TH, JULY 31ST, OCTOBER 31ST, OR JANUARY 31ST

DISTRIBUTOR NAME: _____

LICENSE NO. **DIS-**_____

LICENSEE NAME: _____

MAILING ADDRESS (Licensee): _____

LOCATION OF DISTRIBUTOR: ***Street Address:*** _____

City: _____

County: _____

SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and attachments, and to the best of my knowledge and belief it is a true, correct, and complete report. Declaration of preparer (other than organization official) is based on all available information.

CHIEF EXECUTIVE OFFICER (Print Name)

CHIEF EXECUTIVE OFFICER (Signature) **TITLE** **DATE**

PREPARER NAME (Print Name)

PREPARER NAME (Signature) **TITLE** **DATE**

VISIT OUR WEBSITE AT www.dcg.ky.gov

License No. DIS-_____
Distributor Name _____

QUARTER 1 ☐ 2 ☐ 3 ☐ 4 ☐ YEAR 20____

EQUIPMENT, CARD MINDING DEVICE, AND ELECTRONIC PULLTAB SYSTEM AND DEVICE SALES INVENTORY

Attach additional sheets if necessary

Organization No. (per DCG)	Invoice Number	Invoice Total $	Invoice Date	Description of Blower, Flashboard, Card Minding Device, Paper Pulltab Dispenser or Electronic Pulltab System or Device	Quantity	Price Each $	Total Price $

License No. DIS-_____
Distributor Name _____

QUARTER 1 ☐ 2 ☐ 3 ☐ 4 ☐ YEAR 20____

BINGO PAPER SALES INVENTORY

Attach additional sheets if necessary

Organization No. (per DCG)	Invoice Number	Invoice Total $	Invoice Date	Description, Series No., Color, Etc.	Serial Number	Number of Sets	Price Each $	Total Price $	Quantity (total # of packs/sheets)

License No. DIS-_____
Distributor Name _____

QUARTER 1 2 3 4 YEAR 20____

PULLTAB AND ELECTRONIC PULLTAB SALES INVENTORY

Attach additional sheets if necessary

Organization No. (per DCG)	Invoice Number	Invoice Total $	Invoice Date	Name of Game	Form Number	Quantity (# of Deals)	Number of Tickets per Deal	Cash Profit per Deal $

License No. DIS-_____
Distributor Name _____

QUARTER 1 2 3 4 YEAR 20____

PAST DUE ORGANIZATIONS

Attach additional sheets if necessary

Organization No. (per DCG)	Organization Name	Amount Due $	30 Days Past Due	60 Days Past Due	90 Days Past Due	Total Amount Past Due $