Reviewed By:

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, State, Zip: _____

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 dcg.ky.gov

License No. DIS-_____
Distributor Name _____

QUARTER 1 __ 2 __ 3 __ 4 __   YEAR 20____

EQUIPMENT AND CARD MINDING DEVICES SALES INVENTORY

Attach additional sheets if necessary

Organization No. (per DCG)	Invoice Number	Invoice Total $	Invoice Date	Description of Blower, Flashboard, or Card Minding 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 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 $