STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Gaming Division/Charitable Games Accounting 450 Columbus Blvd, Ste. 901

Hartford, CT 06103

E-mail: DCP.Accounting@CT.gov

Web site: www.ct.gov/dcp



SEALED TICKET DISTRIBUTOR QUARTERLY REPORT

CGF-13 2/17

Quarter Endir	g
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- 1. Submit this report the month following the quarters ending March 31, June 30, September 30 and December 31.
- 2. Submit a check made payable to "Treasurer, State of Connecticut."
- 3. Mail the report and any payment to Department of Consumer Protection, Charitable Games Accounting 450 Columbus Blvd, Ste. 901, Hartford, CT 06103.

4. File this report even if there is no activity for this quarter.

NAME OF DISTRIBUTOR						CREDENTIAL NUMBER		
ADDRESS (No. and Street)				(City or Town)		(State)	(Zip Code)	
Game Name	Form Number	Number of Tickets per Packet	Price per Ticket	Number of Packets Sold	Resale Value of Game	Organization's Cost (10% of Resale Value)	State Share(30% of Organizations Cost)	
						TOTAL		
						Check Number	Amount	
	For Departme	nt of Consumer	Protection	Use Only				
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LIST ALL PACKETS SOLD TO AN ORGANIZATION DURING THE QUARTER. (attach separate sheets if necessary)

Name and Address of C	Organization							Organization Credential Number
Name of Game	Form Number	No of Tickets per Packet	Price per Ticket	Starting Serial Number	Ending Serial Number	No. of Packets Sold	Date Sold	Name and Registration Number of Manufacturer
Name and Address of C								
Name and Address of C	Organization							Organization Credential Number
Name and Address of C	Form Number	No of Tickets per Packet	Price per Ticket	Starting Serial Number	Ending Serial Number	No. of Packets Sold	Date Sold	Organization Credential Number Name and Registration Number of Manufacturer
	Form	Tickets	per	Serial	Serial	Packets		
	Form	Tickets	per	Serial	Serial	Packets		
	Form	Tickets	per	Serial	Serial	Packets		
	Form	Tickets	per	Serial	Serial	Packets		
	Form	Tickets	per	Serial	Serial	Packets		
	Form	Tickets	per	Serial	Serial	Packets		

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

PRINT NAME OF OWNER/ OFFICER	SIGNATURE	TELEPHONE	DATE
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