

Chairman
John D. Sabini



Executive Director
Ronald G. Ochrym

Members
Daniel D. Hogan
Charles J. Diamond

Acting Secretary to the Board
Kristen Buckley

GC-7Q : Quarterly Statement of Bell Jar Operations

Calendar Year : _____

January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31

Name of Organization : _____

Games of Chance ID : _____

NYS Identification Number _____ Municipal License Number _____

Street Address : _____

City : _____ Zip Code : _____ County : _____

Instructions: Submit this report to the NYS Racing & Wagering Board within fifteen (15) days after each calendar quarter. Retain a copy for your records. **Send a list of all checks written this quarter and a copy of the three most recent monthly bank statements of the special games of chance bank accounts (including interest bearing accounts)** to NYS Racing & Wagering Board, 1 Broadway Center, Suite 600, Schenectady, NY 12305-2553.

A. QUARTERLY PROCEEDS

1. Total number of closed deals (from Schedule 1). _____
2. Ideal handle/total ticket value (from Schedule 1, Column S). _____
3. Total cash prizes (from Schedule 1, Column T). _____
4. Total value of unsold tickets (from Schedule 1, Column U). _____
5. Cost of deals, coin boards and/or merchandise boards (purchased this quarter). _____
6. Add lines 3, 4, and 5. _____
7. Subtract line 6 from line 2. This is the Ideal Net Proceeds. _____

B. NET PROFIT (or Loss)

8. Enter 5% of line 7. This is the Additional License Fee (make check payable to the NYSRWB Bell Jar Collection Account). _____
9. Subtract line 8 from line 7. This is the Total Net Profit (or Loss). _____

C. STATEMENT OF NET PROCEEDS

10. Unexpended balance of Net Proceeds from last GC-7Q report. _____
11. Interest earned this quarter from any Bell Jar Interest-Bearing Account(s), including checking, CDs, and/or savings accounts (minus bank service charges related solely to Special Bell Jar Accounts). _____

12. Add lines 10 and 11. This is the quarterly net proceeds and interest. _____
13. Adjustments: Enter the + or - sign before the figure (***this line shall only include adjustments that have been approved in advance by the Board, such as modifications agreed to during compliance conference settlements, new starting balances approved by Board auditors, etc...***). Explain Adjustments. _____
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14. Combine lines 12 and 13. This is adjusted net proceeds and interest. _____
15. Add lines 9 and 14. This is the Total Net Proceeds. _____

D. UNEXPENDED BALANCE OF NET PROCEEDS

16. Enter your Total Disbursements this Quarter (This includes both Operating Expenses and Donations). **Note: Do not include any 5% Fees and Cost of Deals.** _____
17. Subtract line 16 from 15. This is Total Unexpended Balance of Net Proceeds. _____

E. FINANCIAL INFORMATION

If your organization holds bell jar money in a special interest-bearing account (CD or savings), enter name of the financial institution, respective account number, and the amount held in each account. ***If your organization has bell jar funds in more than three interest bearing accounts (or CDs), use additional paper and submit to RWB with your 5% additional license fee.***

18. Financial Institution _____
 Account Number _____
 Amount _____
19. Financial Institution _____
 Account Number _____
 Amount _____
20. Financial Institution _____
 Account Number _____
 Amount _____

F. 1/3 ORGANIZATIONS

21. Enter amount donated this quarter (for organizations that must donate one-third of Total Net Profit to charity each year, enter one-third of line 9). If your unsure whether or not your organization must donate, please review the Benevolent Orders guideline on the NYSRWB website. _____

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**

_____	_____	_____
Signature	Print	Date
_____		_____
Street Address, City, Zip, County		Phone Number

Email Address		

**Member in
Charge**

_____	_____	_____
Signature	Print	Date
_____		_____
Street Address, City, Zip, County		Phone Number

Email Address		

**Preparer
(if different)**

_____	_____	_____
Signature	Print	Date
_____		_____
Street Address, City, Zip, County		Phone Number

Email Address		

Examined By (OFFICE USE ONLY) :