



TOWN OF MANSFIELD
 Town Clerk's Office
 4 South Eagleville Road
 Mansfield, CT 06268
 Phone: 860-429-3302
 Email: townclerk@mansfieldct.org

Verified Raffle Statement

Instructions:

1. The three designated active members of the Sponsoring Organization must complete this form.
2. If additional space is required, attach additional sheets.
3. Submit this form to the City/town Police Department by the end of the following month.

| | | | |
|--|---|---------------|----------|
| Name of Sponsoring Organization | | Permit Number | |
| Street Address | City | State | Zip Code |
| Class of Raffle Held | Date(s) Raffle Was Held Starting: _____ Terminating: _____ | | |
| Was this a tuition raffle? <input type="checkbox"/> Yes <input type="checkbox"/> No | Place and Town Where Raffle Was Held | | |

List each item of expense incurred or paid and each item of expenditure made or to be made, and the name and address of each person to whom each item has been or is to be paid:

| Expense/Expenditure | Name and Address of Payee | Amount |
|------------------------|---------------------------|-----------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| 6. | | \$ |
| Total Expenses: | | \$ |

| | |
|--|--|
| Number of Tickets Sold and Price per Ticket: # _____ @ \$ _____ | List the number of unsold tickets: (*Note-these tickets must be kept with all other records for one (1) year) |
|--|--|

| | | |
|---|-----------------------------|---|
| Total Receipts from Ticket Sales: \$ _____ | Total Expenses: \$ _____ | Net Profit (Total Receipts minus Total Expenses): \$ _____ |
|---|-----------------------------|---|

List the uses to which the entire net profit of the raffle has been or is to be applied:

List the prizes with a retail value of fifty dollars (\$50.00) or more, the retail value of each prize, the names and addresses of the persons to whom such prizes were awarded, and the winning ticket number:

| Prize | Retail Value | Name and Address of Prize Recipient | Winning Ticket Number |
|-------|--------------|-------------------------------------|-----------------------|
| 1. | \$ | | |
| 2. | \$ | | |
| 3. | \$ | | |
| 4. | \$ | | |
| 5. | \$ | | |
| 6. | \$ | | |

Statement of Printer of Tickets

| | | | |
|----------------------------------|--------------------------------|-------------------------------|---------------------|
| Name of Business | | Telephone Number | |
| Street Address | | City | State Zip Code |
| The Total Number of Tickets Was: | The First Numbered Ticket Was: | The Last Numbered Ticket Was: | |

I, the printer of the tickets used in the raffle described herein, do hereby state, under penalty of false statement, that the tickets were numbered consecutively and there were no duplications.

| | | |
|-----------------------|-----------|------|
| Print Name of Printer | Signature | Date |
| | | |

Statement of Designated Active Members and Ranking Officer

We, the undersigned, do hereby each certify under penalty of false statement that the foregoing statement is a true and accurate report of the holding, operation, and conduct of the raffle described herein.

| | | | |
|--|-----------|-----------|------|
| Print Name of Designated Active Member | Signature | Telephone | Date |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | | | |
|-------------------------------|-----------|-----------|------|
| Print Name of Ranking Officer | Signature | Telephone | Date |
| | | | |