

OREGON DEPARTMENT OF JUSTICE

Raffle Receipt Summary Record

Complete this record in non-erasable ink. This record must be maintained with your official raffle records for three (3) years. **DO NOT send this form to DOJ.**

| | | | | |
|--|--------------------|---|----------------------------|---|
| Raffle License # | | | | |
| R- | | | | |
| Licensee: | | | | |
| Date of Raffle Drawing: | | | | |
| Location of Drawing (street address): | | | | |
| Ticket Sales Information | | | | |
| Total number of tickets printed: | | Total number of tickets sold: | | Single ticket sales price: \$ |
| Beginning ticket number: | | Ending ticket number: | | Multiple ticket sales: _____ For \$ _____ |
| Starting date for sales | | Ending date for sales: | | Number of ticket sellers: |
| Are ticket sellers paid? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, attach statement indicating how and what sellers will receive. | | | | |
| Total Raffle Handle: \$ | | | | |
| Responsible Officials | | List the names of the officials who will preside over the drawing of raffle tickets. If someone other than an official of the organization participates in the drawing or prize selection process, list his/her name as well. | | |
| 1 | Name: | Title: | Date of Birth: | |
| | Home Address: | City: | State: | Zip: |
| | Daytime Telephone: | Home Phone: | Other Telephone (Specify): | |
| 2 | Name: | Title: | Date of Birth: | |
| | Home Address: | City: | State: | Zip: |
| | Daytime Telephone: | Home Phone: | Other Telephone (Specify): | |
| 3 | Name: | Title: | Date of Birth: | |
| | Home Address: | City: | State: | Zip: |
| | Daytime Telephone: | Home Phone: | Other Telephone (Specify): | |
| 4 | Name: | Title: | Date of Birth: | |
| | Home Address: | City: | State: | Zip: |
| | Daytime Telephone: | Home Phone: | Other Telephone (Specify): | |
| Prize Information Items marked with * need to be answered only where sales are intended to exceed \$10,000. | | | | |
| *Attach a copy of your completed raffle notice to this form. If you added any additional prizes since the raffle notice was filed, describe each prize and list its retail value on a separate sheet and attach. | | | | |
| Obtain and attach a receipt from the seller, distributor, or contributor, of each prize with a retail value of more than \$500. | | | | |
| Retain and attach the winning ticket stubs from the drawing, regardless of the value of the prize. | | | | |
| Did any prize winner donate the prize back to the licensee? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, attach statement indicating winner's name and prize disposition. | | | | |

Unclaimed Prizes

List any unclaimed prize. All unclaimed prizes must be held for a period of one year from date of drawing. OAR 137-025-0290(5)

| | | |
|---|---------------------|-------------------|
| Prize Description: | Amount/Value: \$ | Winning Ticket #: |
| Print Winner's Name (if known): | | |
| Winner's Address (if known): | City: | State: Zip: |
| Did licensee attempt to contact winner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?: _____ | | |

| | | |
|---|---------------------|-------------------|
| Prize Description: | Amount/Value: \$ | Winning Ticket #: |
| Print Winner's Name (if known): | | |
| Winner's Address (if known): | City: | State: Zip: |
| Did licensee attempt to contact winner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?: _____ | | |

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|---|---------------------|-------------------|
| Prize Description: | Amount/Value: \$ | Winning Ticket #: |
| Print Winner's Name (if known): | | |
| Winner's Address (if known): | City: | State: Zip: |
| Did licensee attempt to contact winner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?: _____ | | |

| | | |
|---|---------------------|-------------------|
| Prize Description: | Amount/Value: \$ | Winning Ticket #: |
| Print Winner's Name (if known): | | |
| Winner's Address (if known): | City: | State: Zip: |
| Did licensee attempt to contact winner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?: _____ | | |

| | | |
|---|---------------------|-------------------|
| Prize Description: | Amount/Value: \$ | Winning Ticket #: |
| Print Winner's Name (if known): | | |
| Winner's Address (if known): | City: | State: Zip: |
| Did licensee attempt to contact winner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?: _____ | | |

Certification

I certify the raffle described herein was conducted in compliance with the administrative rules governing the conduct of raffles, OAR 137-025-0200 *et seq.* I further certify that the information contained herein, including all attachments, is true and accurate.

Responsible
Official's Signature:

Title:

Date:

OREGON DEPARTMENT OF JUSTICE

Raffle Winners Record

Page ____ of ____ Pages

Date of Drawing:

Time of Drawing:

Raffle Licensee:

License #: **R**

IMPORTANT! Use this form when the retail value of prizes awarded are \$100 or greater

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

OREGON DEPARTMENT OF JUSTICE

Raffle Winners Record

Page ____ of ____ Pages

Date of Drawing:

Time of Drawing:

Raffle Licensee:

License #: **R**

IMPORTANT! Use this form when the retail value of prizes awarded are \$100 or greater

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

| | |
|---|---------------------|
| Prize Description: | Amount/Value: \$ |
| Print Winner's Full Name | |
| Winner's Current Address: | City: State: Zip: |
| Signature of Winner Acknowledging Receipt of Prize: | |

OREGON DEPARTMENT OF JUSTICE Raffle Sales Log

This form must be maintained for raffles when sales are intended to exceed \$10,000.
Keep this form with your permanent gaming records – *do NOT submit to DOJ!*

| | | | |
|---------------------------------------|-----------------------------|--------|------|
| Licensee: | Raffle License #: R- | | |
| Date of Raffle Drawing: | Time: | | |
| Location of Drawing (street address): | City: | State: | Zip: |

| Ticket Sales | List the names of all individuals who received tickets for sale. Include # of tickets received, returned unsold, lost, and sold, plus amount. | | | Sales Price per Ticket: | \$ |
|---------------|---|--------------------|----------------|-------------------------|---------------------------|
| Seller's Name | # Tickets Received | # Tickets Returned | # Tickets Lost | # Tickets Sold | \$ Amount Money Turned-In |
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|--------------------------|---------------------------------|--|--|--|-----------|
| <input type="checkbox"/> | Totals | | | | \$ |
| <input type="checkbox"/> | Subtotals (continue on reverse) | | | | |

**OREGON DEPARTMENT OF JUSTICE
Raffle Individual Seller's Record**

| | | | |
|--|--|----------------------|------------------|
| Name of Seller: | | | |
| Licensee | | License #: R- | |
| Date of Raffle Drawing: | | Time: | |
| Location of Drawing (street address) : | | City: | State: Zip: |

| | |
|----------------------|---|
| INSTRUCTIONS: | Complete and sign this reconciliation report and turn in all money, stubs and unsold tickets with this form to Licensee when all tickets are sold or by (date): _____ |
|----------------------|---|

| | | | |
|---|---|--|----|
| 1 | Sales Price per Raffle Ticket: | | \$ |
| 2 | Number of Raffle Tickets Issued to Seller: | | |
| 3 | Number of Raffle Tickets Returned Unsold: | | |
| 4 | Number of Raffle Tickets Sold (#2 less #3): | | |
| 5 | Total Amount Due (#4 times #1): | | \$ |

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| Notes: |
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| Seller's Signature: | Date: |
|---------------------|-------|