South Windsor Police Department
151 Sand Hill Road
South Windsor, CT 06074

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 South Windsor 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? ☐ Yes ☐ 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