



# AVON POLICE DEPARTMENT

## VERIFIED RAFFLE STATEMENT

Instructions:

The three designated active members of the Sponsoring Organization must complete this form.

1. If additional space is required, attach additional sheets.
2. Submit this form to the Avon 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	Raffle Location and Address:		

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.		\$
<b>Total Expenses:</b>		<b>\$</b>

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)
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Total Receipts from Ticket Sales: \$	Total Expenses: \$	Net Profit (Total Receipts minus Total Expenses): \$
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**Total Net Raffle Profits used for/applied to:**  
**(List all uses)**

List all prizes with retail value of fifty dollars (\$50.00) or more, retail value of each prize, names and addresses of winners of all listed prizes, 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
Total Number of Tickets Printed:	The First Ticket Number Printed:	The Last Ticket Number Printed:	

I, the printer of tickets used in this raffle, do hereby state, under penalty of false statement, that the tickets were numbered consecutively, with 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