

Sweepstakes Terminal Device Monthly Report

This report is to be completed by any person that is registered to conduct sweepstakes under rule 109:9-1-01 of the Administrative Code. Under R.C. 2915.02 and rule 109:9-1-03 of the Ohio Administrative Code, each registered person must submit this report no later than the 10<sup>th</sup> day of each month. If multiple persons are registered to conduct sweepstakes at the same location where sweepstakes are conducted, only one report for the location is required to be submitted. If a person is registered to conduct sweepstakes at more than one location, a separate monthly report must be submitted for each location where sweepstakes are conducted. The report must be accompanied by a filing fee of \$50.

PLEASE ANSWER ALL QUESTIONS ON THE REPORT FORM. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY AND IN A MANNER THAT CAN BE READ MAY RESULT IN ENFORCEMENT ACTION BY THE OHIO ATTORNEY GENERAL'S OFFICE.

Date of Report: \_\_\_\_\_

Reporting Month and Year: \_\_\_\_\_

**Identification of Registrant**

1. Name of Registrant: \_\_\_\_\_

2. Registrant's I.R.S. Employer I.D. Number (EIN): \_\_\_\_\_

3. Registrant's Trade Name, D.B.A., or former name(s): \_\_\_\_\_

4. Registrant's Sweepstakes Terminal Device Registration Number: \_\_\_\_\_

5. Date of Registration: \_\_\_\_\_

6. Address for Principal Place of Business:

\_\_\_\_\_  
Street Address City, State, ZIP County

7. Telephone Number: \_\_\_\_\_

8. Mailing Address :

\_\_\_\_\_  
Street Address City, State, ZIP County

9. Name of business location using a sweepstakes terminal device (if different from above):

\_\_\_\_\_

10. Address of business location using a sweepstakes terminal device (if different from above):

\_\_\_\_\_  
Street Address City, State, ZIP County

**Sweepstakes Terminal Devices**

11. Number of Sweepstakes Terminal Devices at the location: \_\_\_\_\_

12. Total number of sweepstakes entries or games played for the reporting month:  
\_\_\_\_\_

13. Number of sweepstakes prizes awarded during the reporting month: \_\_\_\_\_

14. Sweepstakes Prizes awarded during the reporting period and the retail value of each prize:  
(if additional space is needed, please attach a separate page)

Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value

15. Total retail value of sweepstakes prizes awarded during the reporting month:  
\_\_\_\_\_

**Financial Information**

16. Total gross receipts for the reporting month:  
\_\_\_\_\_

17. Total liabilities for the reporting month:  
\_\_\_\_\_

18. Total percentage of gross revenue received during the reporting period resulting from the  
conduct of sweepstakes:  
\_\_\_\_\_

## Report Appendices

As Appendix 1, submit all accounting ledgers, balance sheets, profit and loss statements, statement of cash flows, statements of retained earnings, income statements or other documents detailing the income and expenses of the registrant over the reporting period.

As Appendix 2, submit all audited or unaudited financial reports that have been prepared or approved during the reporting period.

As Appendix 3, submit all documents provided to the Security and Exchange Commission (SEC) during the reporting period.

**AFFIDAVIT**

STATE OF \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, being duly sworn say  
(Please print Name)

that I am the \_\_\_\_\_  
(Title )

of \_\_\_\_\_  
(Registrant's Business Location)

and further state as follows:

1. I am the individual responsible for submitting the foregoing Sweepstakes Terminal Device Monthly Report and all applicable Attachments;
2. I am familiar with and have actual knowledge of the facts underlying this Report;
3. I am fully authorized to submit this Monthly Report on behalf of the Registrant identified herein, and to the best of my knowledge, information, and belief, the statements made in this Report and its Attachments are true and accurate.

\_\_\_\_\_  
Signature

**NOTARY**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individuals appeared in person, for and behalf of himself/herself and the Registrant, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification for and on behalf of himself/herself and the Registrant.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

Stamp or Seal

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_\_