Field Enforcement Division P.O. Box 2397 Annapolis, MD 21404-2397 410-260-7388 or 888-674-0017 (Toll-Free) Fax: 410-974-5564



# SLOT MACHINE ANNUAL REPORT

		REPOR	RT YEAR:
		(This report is based	on a Fiscal Year - July 1st to June 30th)
1. Name of Organization:			
You must use the exact nan post number, lodge number		n your slot machine licensing appl	ication. Where appropriate, include your
2. County in which organi	ization is located:		_
3. Address and phone nu	mber of principal meeting hall where	e machines are located:	
Street Address		City, State and Zip Code	2
Street Address (Continued	i)	Phone Number	Fax Number
4. Principal Officer (perso	on responsible for filing this report):		
Name		Title	
Address (if different from	above)	City, State and Zi	ip Code
Phone Number	Fax Number		Mail Address
E Change in Bringing Off	iiaar (naraan raananaihla far filing t	nia ramarth	
	ficer (person responsible for filing the		
	<ul> <li>Organization has changed during the licensing year and the dates such per</li> </ul>		tle, address and telephone number of all cer.
Period Covered:	TO	( )	
	MM/DD/YY TO MM/DD/YY	<del>.</del>	
Name		Title	
Address (if different from	above)	City, State and Zip Code	•
Phone Number	Fax Number	E-N	/lail Address
Period Covered:	ТО		
	MM/DD/YY TO MM/DD/YY	•	
Name		Title	
Address (if different from	above)	City, State and Zip Code	3
Phone Number	Fax Number		Mail Address
6. Report Period:	July 1,	TO June 30,	
	es licensed during this report year: the machines on hand at year end a		

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#### 8. Slot Machine Proceeds and Payout Report:

In this section you must provide the requested information for each slot machine in use at any time during the report year. If a machine was replaced, complete the DATE IN-SERVICE section below, show the date the machine was replaced and the starting date when the new machine being installed. Make additional copies, if necessary.

NOTE: In the "Conversion to \$ Amount" field show your calculations converting meter readings to dollar amounts (i.e., do you multiple or divide the total to convert to a dollar amount). If you do, show the conversion calculation in this field. If you do not have to do a conversion enter "none" and put your dollar amount in the total field.

Machine #	License #		Make	
		Dates In-Service	: то	
Serial #			FROM (MM/DD/YY)	TO (MM/DD/YY)
		READINGS		
<u>MACHINE</u>				
				\$
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	г \$	
			(COINS IN-COINS	S OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
		TOTAL NET PROCEEDS	S \$	
			(MACHINE PAYOUTS-JACI	(POT PAYOUTS)
Machine #	License #		Make	
		Dates In-Service	: ТО	
Serial #			FROM (MM/DD/YY)	TO (MM/DD/YY)
		READINGS		
MACHINE				
				\$
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
DECINING	ENDING	TOTAL		\$
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	\$	
<u>JACKPOT</u>			(COINS IN-COINS	S OUT)
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
		TOTAL NET PROCEEDS	\$	
			(MACHINE PAYOUTS-JACI	(POT PAYOUTS)

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## SLOT MACHINE PROCEEDS AND PAYOUTS (CONTINUED)

Make additional copies, if necessary.

Machine #	License	#	Make	
		Dates In-Service	: то	
Serial #			FROM (MM/DD/YY)	TO (MM/DD/YY)
		READINGS		
<u>MACHINE</u>		712/12/1100		
				\$
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
DECIMINA	ENDING			\$
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	\$	
44.045.07			(COINS IN-COINS	S OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
		TOTAL NET PROCEEDS	\$	
			(MACHINE PAYOUTS-JAC	KPOT PAYOUTS)
Machine #	License	#	 Make	
		Dates In-Service	: ТО	
Serial #	_		FROM (MM/DD/YY)	
		DEADINGS		
MACHINE		READINGS		
<u>MAOTIME</u>				¢
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
				\$
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	\$	
			(COINS IN-COINS	S OUT)
<u>JACKPOT</u>				
REGINNING	ENDING	TOTAL	Conversion to \$ AMT	\$
BEGINNING JACKPOT	JACKPOT	ENDING-BEGINNING	(Show calculations or NONE if in \$ Amount)	JACKPOT
		TOTAL NET PROCEEDS	\$ (MACHINE PAYOUTS-JAC	KPOT PAYOUTS)

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## SLOT MACHINE PROCEEDS AND PAYOUTS (CONTINUED)

Make additional copies, if necessary.

Machine #	License	#	Make	
		Dates In-Service		
Serial #			FROM (MM/DD/YY)	TO (MM/DD/YY)
		READINGS		
<u>MACHINE</u>				
				\$
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
				\$
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	\$	
LACKBOT			(COINS IN-COIN	S OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
		TOTAL NET PROCEEDS	\$	
			(MACHINE PAYOUTS-JAC	KPOT PAYOUTS)
Machine #	License	#	Make	
		Dates In-Service	: то	)
Serial #			FROM (MM/DD/YY)	TO (MM/DD/YY)
		READINGS		
MACHINE		READINGS		
				\$
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS IN
				\$
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	TOTAL COINS OUT
		TOTAL MACHINE NET	\$	
14.01/207			(COINS IN-COIN	S OUT)
<u>JACKPOT</u>				
BEGINNING	ENDING	TOTAL	Conversion to \$ AMT	\$
JACKPOT	JACKPOT	ENDING-BEGINNING	(Show calculations or NONE if in \$ Amount)	JACKPOT
		TOTAL NET PROCEEDS	\$ (MACHINE PAYOUTS-JAC	KPOT PAYOUTS)

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	SOWINA	AIX I		
Α.	Total Gross Play from ALL Machines		\$	
В.	Total Payouts from ALL Machines			
	Machine Payouts from ALL Machines	\$		
	2. Jackpot Payouts from ALL Machines	\$		
	Total Winning Payouts from ALL Machines		\$	
C.	Total Net Proceeds from ALL Machines (A minus B).		\$	
If you eligible summed the detail authors consisted the result of the re	preses:  ar organization had any thefts or other losses of slot maching the to deduct such losses from the total net proceeds from mary). To be considered for this deduction, you must described explanation of the events that caused the loss. In the prities. You must provide the Law Enforcement Agencies ideration is given, all measures of recovery, to include any processes was any reimbursement from an insurance policy or fidelitioursed.	all machines as reported be the circumstances, date case of theft, you must name and the related caspotential criminal and/or ci	in section 8 (line C from the above of occurrence or discovery an report the theft to law enforcemble report. Additionally, before a vil litigation, must be exhausted.	d a en an
A.	Total Net Proceeds from Section 8, Summary, Line C		\$	
В.	Total Amount of Losses		\$	
C.	Net Proceeds (A minus B)		\$	
Expla	anation of Any Losses (attach additional pages, if necessary)			

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#### 10. Use and Disposition of Proceeds:

Pursuant to Criminal Law Title 12-304(c), Maryland State Law provides that 50% of the net proceeds from your slot machines must be used for the benefit of a charity. In this section you are to list the charitable organization(s) to which 50% of the net proceeds were contributed. List all contributions (list only those funds that were derived from the slot machine net proceeds)(you may not use any of these funds to offset operating costs.)

Make additional copies, if necessary. If you can provide all of the information below in a similar format, you may attach it to this report in lieu of completing this section. All information requested below must clearly be shown on your attachment.

Organization			FEIN	
Address			City, State	e and Zip Code
Contact Person		Phone Number		E-Mail Address
			\$	
Date	Check #		Amount	
Purpose of Donation:				
Organization			FEIN	
Address			City, State	e and Zip Code
Contact Person		Phone Number		E-Mail Address
Date	Check #		\$ Amount	
Purpose of Donation:	Glieck #		Amount	
Organization			FEIN	
Address			City, State	e and Zip Code
Contact Person		Phone Number		E-Mail Address
Data	Check #		\$	
Date Purpose of Donation:	Cneck#		Amount	

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## **USE AND DISPOSITION OF PROCEEDS (CONTINUED)**

Organization			FEIN		
Address			City, State	and Zip Code	
Contact Person		Phone Number		E-Mail Address	
Date	Check #		\$ Amount		
	Cileck#		Amount		
Purpose of Donation:					
Organization			FEIN		
Organization			FEIN		
Address			City, State	and Zip Code	
Contact Person		Phone Number		E-Mail Address	
Date	Check #		_ \$ Amount		
Purpose of Donation:					
Organization			FEIN		
Address			City, State	and Zip Code	
Contact Person		Phone Number		E-Mail Address	
Date	Check #		_ \$ Amount		
Purpose of Donation:					
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### **CERTIFICATION AND SIGNATURE**

I,, Principal Officer of		
, do hereby declare	and affirm on this day of	
, 20, under the pe	nalties of perjury that the contents of this	
Slot Machine Annual Report are true and correct and, based on m	y personal knowledge, are taken	
completely and accurately from the records of		
Signature of Principal Officer	Date	
Print Name of Principal Officer		

#### 11. FILING REQUIREMENTS

The original of this report is to be filed with the Comptroller of Maryland, Field Enforcement Division, P.O. Box 2397, Annapolis, MD 21404-2397, no later than August 1st of the filing year. Please retain a copy of this report for your records. If you have any questions concerning this report, please call 410-260-7388 for assistance.

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