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OREGON DEPARTMENT OF JUSTICE

CHARITABLE ACTIVITIES SECTION

DOJ Use Only

Date Received

Raffle License Annual Report

This report must be filed no later than 60 days after the end of the license year.

Licensee				
ensee:			License #:	
iling Address:				
/:		State:	Zip:	
his a new address?	□ Yes	🗆 No	If YES, date of change:	
eporting Period				
This report is for the $p\epsilon$	riod from		to	
Did the expiration date	of your license change c	during the repor	ting period? 🛛 Yes	🗆 No
ł	ensee: iling Address: y: his a new address? eporting Period This report is for the pe	ensee:	ensee:	ensee:License #: iling Address:State:Zip: his a new address?

Number of RAFFLES held during the reporting period:

Raffle Activity Summary				
Date & Description of Raffle (A)	Total Sales (B)	Total Non-Prize Expenses (C)	Total Cash Prizes Awarded (D)	Total Cost of Non- Cash Prizes (E)

4	Add all columns and enter totals:	\$ \$	\$ \$

5	Enter Total Raffle Sales [from page 1, line 4(B)]:		\$			
Ra	Raffle Expenses List ALL nonprize expenses related to raffle. Do NOT include fees paid to DOJ.					
	a) Printing:	\$				
	b) Advertising/Promotions:	\$				
	c) Rental (Equipment/Property)	\$				
6	d) Other (specify):	\$				
		\$				
	e) Total Expenses (total of lines a through d)	\$				
7	This total must equal the amount shown on page 1 at Column C.RAFFLE EXPENSE PERCENTAGE. Divide line 6e by line 5:			%		
/	[Round to the second decimal– i.e., 18.85%] Did one or more corporate sponsors help to offset your raffle expenses?		′es □N			
8	(This help could have been in the form of donated money/services or direct pay					
AT	TN: If your Annual Handle is \$10,000 or less, <u>STOP</u> , sign the bottom and submit the state of			e date!		
	Submit no Annual <u>Report</u> fees unless the Annual Handle exceeds NOTE: Delinquency fee(s) apply for all reports received more than 60 days after			e.		
9a	If Annual Handle is \$10,001 to \$125,000, complete this section. If Annual Handl					
<i>3</i> a	make NO entries here, but complete the section 9b below.	1				
i	Multiply Total Raffle Sales line 5 by .02 and enter result here:	\$				
	DELINQUENCY FEE: If this report is not filed within 60 days of the end of the license year, add a delinguency fee of: a) \$20 or 1% of the amount on line i [.01 × line i], whichever is greater <i>if filing</i>	•				
ii	between 61 to 119 days of license expiration; or b)\$50 or 1% of the amount on line i [.01 × line i],	\$				
	whichever is greater <i>if filing after 120 days beyond the expiration of raffle license.</i> TOTAL Fees Due. Line i + line ii; enter result here (Send this amount with the report to DOJ):					
iii	Please send in exact fees. Make a check payable to Department of Justice. DO NOT ROUND.	\$				
9b	If Annual Handle is GREATER THAN \$125,000, complete this section. If Annua	l Hand	dle is \$10,001 to			
	\$125,000, make NO entries here, but complete the section 9a above.					
i	Fee on FIRST \$125,000 of Raffle Handle:	\$	2,500	.00		
ii	Total Raffle Handle, LESS \$125,000: \$					
iii	ii FEE ON BALANCE. Multiply line ii by .005 and enter result here:					
iv	TOTAL FEES DUE ON HANDLE. Add line i plus line iii and enter result here:	\$				
	DELINQUENCY FEE: If this report is not filed within 60 days of the end of the license year, add a delinguency fee of: a) \$20 or 1% of the amount on line iv $[.01 \times \text{line iv}]$,					
v	whichever is greater if filing between 61 to 119 days of license expiration; or b) \$50 or 1%	\$				
	of the amount on line iv $[.01 \times line iv]$, which ever is greater if filing after 120 days beyond the expiration of raffle license.					
	TOTAL Fees Due. Line iv + line v; enter result here (Send this amount with the report to DOJ):	\$				
vi	Please send in exact fees. Make a check payable to Department of Justice. DO NOT ROUND.	ዓ				
Re	Report Certification					
TC	TO BE COMPLETED BY A RESPONSIBLE OFFICIAL OF THE ORGANIZATION:					
I certify that I am a responsible official of the organization, and that I have personally reviewed the information contained in this report. I further certify that the information contained in this report is true and correct to the best of my knowledge.						
	Print name of Responsible official:					
	Phone#: Email:					
	nature: Dat					
	Keep a copy of this report for your records.					
Mail the completed report with fees to: Oregon Department of Justice Phone: (971) 673-1880						
Make a check payable to100 SW Market StreetFax: (971) 673-1882Oregon Department of JusticePortland, OR 97201-5702TTY: (800)735-2900						