

SEMI-ANNUAL REPORT OF COMPLIANCE
CONSOLIDATED FORM FOR MULTIPLE LOCATIONS

This form is to be completed by any person or entity that has been issued a Certificate of Compliance by the Ohio Attorney General. Under R.C. 2915.02 and Ohio Administrative Code 109:9-1-04, this report must be filed with the Ohio Attorney General's Office, no later than June 30th and December 31st of each year in which sweepstakes are conducted.

This form may be used if the certificate holder operates more than one business location and wishes to file a consolidated report for those locations. This form may be completed only if the certificate holder's Application for Certificate of Compliance was a Consolidated Application.

PLEASE ANSWER ALL QUESTIONS ON THE REPORT FORM. DO NOT REFERENCE ANY FEDERAL TAX RETURN OR ANY OTHER ATTACHMENT. 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.

1. Applicant Name:

2. Business Name:

3. Phone Number(for correspondence to Applicant):

4. Applicant's IRS Employer ID Number
(EIN):

5. Address of Principle Place of Business:

6. Mailing Address (for correspondence to Applicant):

7. Certification of Compliance No:

8. Please Indicate Reporting Period and Year:

_____ January 1 - June 30, _____

_____ July 1 - December 31, _____

Name of Business Location	Business Address	Manager Name	Phone Number
Number of Sweepstakes Terminal Devices at location:		Number of Sweepstakes Entries for Reporting Period:	
Total Number of Prizes Awarded for Reporting Period:		Total Retail Value of Prizes Awarded for Reporting Period:	
Monthly Gross Receipts for each month of the reporting period:		Total Revenue for the Reporting Period:	
Month	Total Gross Receipts	Total Liabilities for the Reporting Period:	
Month	Total Gross Receipts	Total Percentage of Gross Revenue Received for Reporting Period resulting from the conduct of sweepstakes:	
Month	Total Gross Receipts		
Month	Total Gross Receipts		
Month	Total Gross Receipts		

Name of Business Location	Business Address	Manager Name	Phone Number
Number of Sweepstakes Terminal Devices at location:		Number of Sweepstakes Entries for Reporting Period:	
Total Number of Sweepstakes Entries for Reporting Period:		Total Retail Value of Prizes Awarded for Reporting Period:	
Monthly Gross Receipts for each month of the reporting period:		Total Revenue for the Reporting Period:	
Month	Total Gross Receipts		
Month	Total Gross Receipts	Total Liabilities for the Reporting Period:	
Month	Total Gross Receipts		
Month	Total Gross Receipts	Total Percentage of Gross Revenue Received for Reporting Period resulting from the conduct of sweepstakes:	
Month	Total Gross Receipts		
Month	Total Gross Receipts		

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STATE OF _____:

COUNTY OF _____: SS.

I, _____, being duly sworn say
(please print name)

that I am the _____
(title)

of _____
(business name)

and further state as follows:

1. I am the individual responsible for submitting this Semi-Annual 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 Semi-Annual Report on behalf of Certificate Holder 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 Certificate Holder, 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 Certificate Holder.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____