

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



REGISTRAR OF CORPORATIONS DEPARTMENT OF COMMERCE

FINANCIAL SUMMARY REPORT FOR EXEMPT GAMBLING ACTIVITY

Answer all questions fully. Use additional pages if necessary. If a portion of this report does not apply to your gambling fund raising activities indicate "N/A" or "Not Applicable."

(1) The organization who conducted the gambling fund raising activities for which this report is filed is:

_____ .

(2) The location date and time during which the fund raising gambling activities were conducted was

_____ ;

(location)

Starting on _____ at _____ o'clock _____ m.;

(date) (time)

Finishing on _____ at _____ o'clock _____ m.;

(date) (time)

(3) Income received from each gambling activity is as follows:

(a)	Gambling devices	-	-	-	-	\$	_____
(b)	Card games	-	-	-	-	\$	_____
(c)	Dice games	-	-	-	-	\$	_____
(d)	Other gambling games*	-	-	-	-	\$	_____

Total Gambling Income - - - - - \$ _____

(4) Income received from other related activities:

(a)	Admission charges (ticket sales)	-	-	-	-	\$	_____
(b)	Sale of food	-	-	-	-	\$	_____
(c)	Sale of beverages	-	-	-	-	\$	_____
(d)	Other income*	-	-	-	-	\$	_____

Total Other Income - - - - - \$ _____

*If any figures are set forth please explain on a separate sheet.

(5) Money still due and owing to the organization such as unpaid accounts receivable not collected at the time this report is filed but which will be paid.

Total Accounts Receivable - - - - \$ _____

(6) The total gross income (calculated by adding the total income set forth in each of paragraph 3, 4 and 5 above) received as a result of the gambling fund raising activity.

Total Gross Income - - - - \$ _____

(7) The expenses incurred during the gambling fund raising activity are as follows:

(a) Rental for room or facilities - - - - \$ _____

(b) Cost of food and beverages sold - - - - \$ _____

(c) Cost of food and beverages provided at no cost to workers \$ _____

(d) Advertising cost - - - - \$ _____

(e) Posters, tickets, script - - - - \$ _____

(f) Other material or supplies* - - - - \$ _____

Total Expenses - - - - \$ _____

(8) The net income or (loss) from the charitable fund raising gambling activity calculated by subtracting paragraph 7 from paragraph 6).

Net Income or (Loss) - - - - \$ _____

(9) Does the organization understand that the information sought in this Financial Summary form is basic information and that the Registrar of Corporation can require the applicant to provide further or additional information and/or require the applicant to prove, confirm or verify any and all information set forth in this Financial Summary?

_____ Yes _____ No

(10) Does the person signing this Financial Summary fully understand its contents?

_____ Yes _____ No

(11) Does the person signing this Financial Summary have authority to act on behalf of the organization?

_____ Yes _____ No

*If any figures are set forth please explain on a separate sheet.

(12) Is all the information set forth in this Financial Summary true, correct and complete?

_____ Yes _____ No

(13) Does the organization understand that its failure to file a true and complete

Financial Summary within 30 days from the date of the exempted charitable fund raising gambling activities could subject it to prosecution in the CNMI Superior Court and upon of finding of guilty a fine in an amount of not more than \$5,000 could be assessed by the Court?

- (14) Does the organization understand that failure to file a true and complete Financial Summary within 30 days from the date of the exempted charitable fund raising gambling activities will disqualify the organization and its successors in interest from receiving any additional Gaming Exemptions Certificate from the Registrar of Corporation?

_____ Yes _____ No

This Financial Summary must be signed before a notary or other person authorized to administer an oath in the CNMI.

I SWEAR UNDER PENALTY OF PERJURY THAT THE CONTENTS OF THIS FINANCIAL SUMMARY ARE TRUE.

Dated this _____ day of _____, 20__.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Signature

Print Name

Title

Notary Public