STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Gaming Division/Charitable Games Accounting 450 Columbus Blvd, Ste. 901

Hartford, CT 06103

E-mail: DCP.Accounting@CT.gov

Web site: www.ct.gov/dcp

NAME OF MANUFACTURER



SEALED TICKET MANUFACTURER QUARTERLY REPORT

CGF-14 New. 2/17

CREDENTIAL NUMBER

QUARTER	ENDING	

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- 1. File completed report the month following the quarter ending March 31, June 30, September 30, and December 31.
 - 2. Mail the report to Department of Consumer Protection, Charitable Games Accounting 450 Columbus Blvd, Ste. 901, Hartford, CT 06103.
 - 3. File this report even if there is no activity for the quarter.

ADDRESS (No. and Street)	(City or Town)			(State)	(Zip Code)	
LIST ALL PACKETS SOLD TO DISTRIBUTORS DURING THE QUARTER. (attach separate sheets if necessary)							
Name and Address of Distribu	tor				Distribute	or Credentia	l Number
	F	No. of	Price	Starting	Ending	No. of	
Name of Game	Form Number	Tickets per	per	Serial	Serial	Packets	Date Sold
		Packet	Ticket	Number	Number	Sold	
Name and Address of Distribu	tor				Distribute	or Credentia	I Number
Name and Address of Distribu	tor				Distribute	or Credentia	I Number
	Γ	No. of	Price	Starting	Ending	No. of	
Name and Address of Distribution	tor Form Number	Tickets per	per	Serial	Ending Serial	No. of Packets	I Number Date Sold
	Form				Ending	No. of	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	
	Form	Tickets per	per	Serial	Ending Serial	No. of Packets	

Name and Address of Distributor					Distribute	Distributor Credential Number		
Name of Game	Form Number	No. of Tickets per Packet	Price per Ticket	Starting Serial Number	Ending Serial Number	No. of Packets Sold	Date Sold	
		racket	HCKet	Number	Number	Solu		
Name and Address of Distribut	tor	<u> </u>			Distribute	or Credential	Number	
Name of Game	Form Number	No. of Tickets per Packet	Price per Ticket	Starting Serial Number	Ending Serial Number	No. of Packets Sold	Date Sold	
Name and Address of Distribut	tor				Distribute	or Credential	Number	
Name of Game	Form Number	No. of Tickets per Packet	Price per Ticket	Starting Serial Number	Ending Serial Number	No. of Packets Sold	Date Sold	
I DO HEREB	Y MAKE OATH	I THAT THE S	STATEMEN	IT IN THE FOR	EGOING REI	PORT IS		

TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
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