

**Semi-Annual Report for Holders of Certificates of Compliance**

This report is to be completed by any person 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 30<sup>th</sup> and December 31<sup>st</sup> of each year in which sweepstakes are conducted.

A person who has filed a Consolidated Application for Certificate of Compliance may instead file a consolidated semi-annual report for each of the businesses listed in the application. The consolidated semi-annual report form may be obtained from the Ohio Attorney General’s Office.

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.

Please circle the Reporting Period:

January 1 – June 30, \_\_\_\_\_  
Year

July 1 – December 31, \_\_\_\_\_  
Year

**Identification of Certificate Holder:**

1. Name of Certificate Holder:

\_\_\_\_\_

2. Certificate Holder’s I.R.S. Employer I.D. Number (EIN):

\_\_\_\_\_

3. Certificate Holder’s Trade Name, D.B.A., or former name(s)

\_\_\_\_\_

4. Certificate Holder’s Certification of Compliance number \_\_\_\_\_

5. Address for Principal Place of Business:

\_\_\_\_\_  
Street Address City, State, ZIP County

6. Telephone Number: \_\_\_\_\_

7. Mailing Address:

\_\_\_\_\_  
Street Address City, State, ZIP County

8. Name of business location using a sweepstakes terminal device (if different from above):

\_\_\_\_\_

9. Address of business location using a sweepstakes terminal device (if different from above):

Street Address	City, State, ZIP	County
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**Sweepstakes Terminal Devices**

10. Number of Sweepstakes Terminal Devices at the location: \_\_\_\_\_

11. Total number of sweepstakes entries or games played for the reporting period:  
\_\_\_\_\_

12. Total number of prizes awarded for the reporting period:  
\_\_\_\_\_

13. Sweepstakes Prizes awarded during the reporting period and the retail value of each prize: (if additional space is needed, please attach a separate page)

Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value
Prize	Value	Prize	Value

14. Total retail value of sweepstakes prizes awarded for the reporting period:  
\_\_\_\_\_

**Financial Information**

15. Monthly gross receipts for each month of the reporting period:

Month	Total Gross Receipts
Month	Total Gross Receipts
Month	Total Gross Receipts

\_\_\_\_\_  
Month

\_\_\_\_\_  
Total Gross Receipts

\_\_\_\_\_  
Month

\_\_\_\_\_  
Total Gross Receipts

\_\_\_\_\_  
Month

\_\_\_\_\_  
Total Gross Receipts

16. Total Revenue for the reporting period: \_\_\_\_\_

17. Total Liabilities for the reporting period: \_\_\_\_\_

18. Total percentage of gross revenue received during the reporting period resulting from the  
conduct of sweepstakes:

\_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, being duly sworn say  
(please print name)

that I am the \_\_\_\_\_  
(title)

of \_\_\_\_\_  
(Certificate Holder's Business Location)

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\_\_\_\_