



**CALVERT COUNTY
BOARD OF COUNTY COMMISSIONERS**

Courthouse, 175 Main Street
Prince Frederick, Maryland 20678
410-535-1600 • 301-855-1243
www.co.cal.md.us

Board of Commissioners
Mike Hart
Tom Hejl
Pat Nutter
Evan K. Slaughenhaupt Jr.
Steven R. Weems

Charitable GAMBLING Financial Disclosure Statement

Please type or print clearly

Name of Organization: _____ Organization Number: _____
Name of President: _____
Pres. Mailing Address: _____
Business Number: _____ Home Number: _____ Cell Number: _____
Pres. Email Address: _____

Has any information changed since your last application? YES NO

§VII.A. Not more than six (6) gambling events may be held by any organization per calendar quarter and not more than two per week, an organization may request approval for up to six (6) dates in a quarter:

1. The total duration of an event for which a gambling permit may be issued shall not exceed twenty four (24) hours, provided, however, the actual number of hours of gambling during a twenty four (24) hour period shall not exceed a total of eight (8) hours

Please indicate below which event date and time you are approved for:

Date: _____ Time: _____ Quarter: _____ Year: _____
Address of Event: _____

INCOME:

1. Type of Device(s): _____	Amount: _____
2. Type of Device(s): _____	Amount: _____
3. Type of Device(s): _____	Amount: _____
4. Type of Device(s): _____	Amount: _____

Please complete a REPORT SUMMARY for each device **Total Income:** _____

EXPENSES:

Type of Expense: _____	Amount: _____
Type of Expense: _____	Amount: _____
Type of Expense: _____	Amount: _____
Type of Expense: _____	Amount: _____

Total Expenses: _____

Net INCOME: _____

As an officer of the above mentioned organization, and under the penalty of perjury, I affix my signature below attesting to the accuracy of the above mentioned information. I do hereby authorize a review and full disclosure of all records, or any part thereof, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this investigation is to provide information which will be utilized for investigative resources material.

Signature of Officer of Organization

Date

Printed Name and Title of Officer of Organization

Please return form to: Lisa G. Tolomei, Courthouse, 175 Main Street, Prince Frederick, Maryland 20678

Questions: 410-535-2160 or Fax: 410-535-5594 or [email](#)



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Charitable GAMBLING Report Summary

Please type or print clearly

Name of Organization: _____ Organization Number: _____
Name of President: _____
Pres. Mailing Address: _____
Business Number: _____ Home Number: _____ Cell Number: _____
Pres. Email Address: _____

Has any information changed since your last application? YES NO

Date: _____ Time: _____ Quarter: _____ Year: _____

Type of Device: _____

Use additional **Report Summaries** for EACH device listed on previous page

List of Operators: *Operators must be members of the organization sponsoring the event.*

Beginning: _____
Ending: _____

Accounting: *Must reconcile beginning and ending balance with Total Net Income*

Beginning Amount: _____ **Total number of Players:** _____
Ending Amount: _____

Did an organization other than the permit holder benefit from proceeds of the event? YES NO

If YES, Name and Address of Beneficiary _____

Amount Donated: _____ Date Donated: _____

As an officer of the above mentioned organization, and under the penalty of perjury, I affix my signature below attesting to the accuracy of the above mentioned information. I do hereby authorize a review and full disclosure of all records, or any part thereof, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this investigation is to provide information which will be utilized for investigative resources material.

Signature of Officer of Organization Date

Printed Name and Title of Officer of Organization

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