## The Commonwealth of Massachusetts

Hatfield City or Town	
Name and Address of Nonprofit Organization:	
Expiration Date of Permit:	
Number of Raffles and Bazaars Held:	
Amount of Money Received:	\$
Expenses Connected with Raffles Conducted:	\$
Net Proceeds:	\$
For what purposes were the proceeds used?	
Name & addresses of winners of \$250.00 or more	·e·
Traine & dadresses of winners of \$250.00 of mor	o
(Augst - 11221	
(Attach additional)	pages as necessary)
We, the undersigned, do hereby certify that this	report is true and complete.
	1:
(Accountant)	2:
	3:
Report Certified to be in conformity With C. 810, Acts of 1969	
City/Town Clerk	Signature of Authorized Officer Or Member of Organization

RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.

(Permit Holders also holding Beano Licenses, must submit a copy of this report to the Massachusetts State Lottery Commission)