



**GAMBLING CONTROL UNIT
GAMES OF CHANCE
MONTHLY DISTRIBUTOR REPORT
VIDEO POKER MACHINES
MGCU - 6300**

1. This report is for the month of _____ 20 _____

2. Name of Distributor: _____ Distributor License #: _____

3. Location of Video Poker Machine(s):

ORG Name: _____ ORG ID: _____

Address: _____ City/Town: _____

MODEL #	SERIAL #	METER READING (Beginning)	METER READING (Ending)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. I warrant the truth of this statement on penalties of perjury.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Subscribed and sworn to before me, this the _____ Day of _____, 20 ____

Notary: _____ Commission Expires: _____ County: _____

NOTE: One page per Organization.