STATE OF MAINE
GAMBLING CONTROL BOARD
Slot Machine Daily Report MGCB 2300

Year: _____

Licensee: Oxford Casino

Month: _____

Date/Week Total	Total # of Operational Slot Machines	(1) Gross Revenue (Coin In)	(2) Total Funds-in Bills and tickets inserted	(3) Total Funds-out Tickets and Jackpots paid out	(4) Unclaimed Tickets	(5) Net Revenue Column (2)-(3)+(4)=(5)	(6) Oxford Revenue due the State (46%)	(7) Net Win Percentage (Daily)
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
						$0.00	$0.00	
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**
		$0.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0.00%**

Monthly Average Win per Machine _____

Monthly Average Payback Percentage **100.00%**

Signature and Date _____

Name and Title (Please Print) _____

By signing/typing your name you represent the licensee for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosed pages, have been examined by you and are to the best of your knowledge and belief a complete report made in good faith for the payments due to the State of Maine, pursuant to Maine Statutes and MGCB Rules Chapter 4 and 7. Revised 5/13/25