The tables in this file are for continuation of tables in the application if you need additional space.

Only submit pages that you use to continue tables from the application.

Do not submit blank pages with your application.

Thank you

Name	Date of Birth		Home Add	ress	% of Direct Interest	Title/Position
Last Name: First Name, MI: <i>Please check one:</i> <i>Qualifier Renewal attached or</i>		Address: City: Country:	State:	ZIP:		
Disclosure attached						
Last Name: First Name, MI: <i>Please check one:</i> Qualifier Renewal attached or		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one:		Address: City: Country:	State:	ZIP:		
Qualifier Renewal attached or Disclosure attached						
Last Name: First Name, MI: Please check one: Qualifier Renewal attached or Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: <i>Please check one:</i> <i>Qualifier Renewal attached or</i>		Address: City: Country:	State:	ZIP:		
Disclosure attached Last Name: First Name, MI: Please check one: Qualifier Renewal attached or		Address: City: Country:	State:	ZIP:		
Disclosure attached Last Name: First Name, MI: Please check one: Qualifier Renewal attached or		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one:		Address: City: Country:	State:	ZIP:		
Qualifier Renewal attached or Disclosure attached						
Last Name: First Name, MI: Please check one: Qualifier Renewal attached or Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Qualifier Renewal attached or Disclosure attached		Address: City: Country:	State:	ZIP:		

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Name of Affiliate/Affiliated Company		Address		% Direct Interest in Licensee	Authorized Representative	Position
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
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	City:	State:	ZIP:			
	Country:					
	Address:	O ()	710			
	City:	State:	ZIP:			
	Country:					
	Address:	01-1-1	710			
	City:	State:	ZIP:			
	Country:					
	Address:	Chota	קוד.			
	City:	State:	ZIP:			
	Country:					
	Address:	State:	- חוד			
	City: Country:	State:	ZIP:			
	Address:	Chota	קוד.			
	City:	State:	ZIP:			
	Country:					

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A	TADL	% of Direct Interest		
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
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Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	

	IADLE 0		
Name, Address, and Telephone Number of Public Agency	Type of Regulation	License No. or Other Identifying No.	New in Reporting Year? ¹ (YES/NO)

¹ If the license, registration certificate or permit was initially issued in 2012, answer YES. If the license, registration certificate or permit was renewed in 2012, answer NO. MGCB-LC-3003 (Rev. 04/13) f-carent.38970

TABLE 7							
Name, Address, and Telephone Number of Licensing Authority	Date of Action						
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		TABLE 8	1	1	
Name, Address, and Telephone Number of Jurisdiction	Date of Action	Amount Paid	Disposition (Paid/Contested)	Reason for Penalty	
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TABLE 9								
Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number				

Date of Filing	Name and Address of Court:	Case Number:	Disposition:	
		—		

TABLE 11								
Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount					

	TABLE 12								
Name of candidate/ officeholder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any				
Last Name:									
First Name, MI:									
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Last Name:									
First Name, MI:									

Name Of Official/Officer	Title	Business Address				Telephone Number	
Last Name:		Address:			()	
First Name, MI:		City:	State:	ZIP:	`	/	
Last Name:		Address:			()	
First Name, MI:		City:	State:	ZIP:	(/	
Last Name:		Address:				`	
First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:					
First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:	State.				
First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:	State.	ZIP.			
					()	
First Name, MI:		City:	State:	ZIP:			
Last Name:		Address:			()	
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First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:			,	``	
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Last Name:		Address:	State.	En .			
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Last Name:		Address:			()	
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Last Name:		Address:			()	
First Name, MI:		City:	State:	ZIP:	(,	
Last Name:		Address:			1)	
First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:					
First Name, MI:		City:	State:	ZIP:	()	
Last Name:		Address:	State.	<i>L</i>			
			~		()	
First Name, MI:		City:	State:	ZIP:			

Nature of charge or arrest	Date of charge or arrest	Name & address of court involved	Disposition	Date	Felony or misdemeanor
			-		
			-		
			-		
			-		