

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form: Tracey Rose Cook

Name and address of entity or person on whose behalf this form is being filed:

Cognitive Box Consulting LLC
107 Wilcox Road – Suite 115
Stonington, CT 06378

Principal business or occupation of entity or person on whose behalf this form is being filed:

Professional Services – Marketing Consulting

Status of entity or person on whose behalf this form is being filed:

License Holder Applicant

The entity or person on whose behalf this form is being filed is a holder of or applicant for:

Casino License

Casino Service Industry Enterprise License - Ancillary

Vendor Registration

Permit

Casino Key Employee

License Casino

Employee Registration

Qualifier

Other (Please specify)

SCHEDULE A

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly Information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose for the procurement of professional services

Consulting Services

Shaun Doyle	\$9,556.25	May/June 2013	Revel Internet Gaming Research Project
Jordan Polak	\$16,437.50	May/June 2013	Revel Internet Gaming Research Project
Gili Moller	\$18,562.50	May/June 2013	Revel Internet Gaming Research Project
Margaret Murphy	\$562.50	May/June 2013	Revel Internet Gaming Research Project
Grand Total Consulting Services	\$45,118.75		

Expenses

Jordan Polak	\$4,971.82	May/June 2013	Expenses for Report Development
Grand Total Expenses	\$4,971.82		

SCHEDULE B

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm (offering professional services with regard to Internet gaming) from whom any payment, remuneration, benefit or thing of value was received	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose such payment(s), remuneration, benefit or thing of value was received
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NOT APPLICABLE

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Tracy Rose Cook
Signature of person completing this form

2/4/2014
Date

Print Form

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