

## INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:             Initial             Quarterly

Name of person completing this form:

Phil Graves

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

ITC Financial Licenses, Inc.  
1200 Brookstone Centre Parkway, Suite 220  
Columbus, GA 31904

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

With respect to its participation in internet gaming in New Jersey, ITCFL is a provider of funds-loading services to Casino Licensees.

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
- Vendor Registration
- Permit
- Casino Key Employee License
- Casino Employee Registration
- Qualifer
- 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
Paul Hastings LLP	\$17,716.05	05/2013-12/2013	Advise on applicability of and compliance with internet gaming regulations.
Morris Manning & Martin LLP	\$4,554.17	10/2013-11/2013	Review and advise on agreements related to provision of funds-loading services to Casino Licensees.

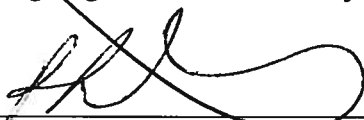
## SCHEDULE B

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

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



\_\_\_\_\_  
Signature of person completing this form

12/31/13

\_\_\_\_\_  
Date

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