

STATE OF NEW JERSEY

Division of Gaming Enforcement



Internet Gaming Disclosure Statement

INSTRUCTIONS FOR COMPLETING THE INTERNET GAMING DISCLOSURE STATEMENT

1. Pursuant to N.J.S.A. 5:12-85h and N.J.A.C. 13:69A-7.17, each entity or person who is an applicant for or holder of any license, registration, permit or qualification must provide an Internet Gaming Disclosure Statement to the Division of Gaming Enforcement (Division) no later than December 31, 2013. The filing shall disclose information regarding payment for professional services, the identity of the person making or receiving payment and the nature of the services provided in connection with the authorization or conduct of Internet gaming.
2. The initial Internet Gaming Disclosure Statement must disclose the required information from July 1, 2009 through the date of the initial statement.
3. After December 31, 2013, each new applicant for any license, registration, permit or qualification must file an initial Internet Gaming Disclosure Statement with the application and quarterly thereafter.
4. After December 31, 2013, quarterly Internet Gaming Disclosure Statements are due to be filed with the Division in accordance with the following schedule:

First Quarter	April 15
Second Quarter	July 15
Third Quarter	October 15
Fourth Quarter	January 15

5. **One (1) copy of the initial or quarterly Internet Gaming Disclosure Statement must be filed electronically at igdisclosure@nidge.org. Clicking on the "Submit" button after completing the form will enable its electronic filing.**
6. Please disclose on Schedule A the required information concerning the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made. For the purposes of this form, "professional services" include, but are not limited to, legal, consulting, lobbying, auditing, accounting, recruitment and referral services provided with regard to Internet gaming. Please disclose on Schedule B the required information concerning the person, entity or firm that offers such professional services with regard to Internet gaming from whom any payment, remuneration, benefit or thing of value was received.
7. Please be advised that pursuant to N.J.S.A. 5:12-74.1d(8), the information recorded on the Internet Gaming Disclosure Statement shall be made public by the Division.

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Fernanda Medina

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

Money Network Financial, LLC
5565 Glenridge Connector NE, Suite 2000
Atlanta, GA 30342

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

Money Network Financial, LLC
5565 Glenridge Connector NE, Suite 2000
Atlanta, GA 30342

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 Vendor Registration # 86709

Permit

Casino Key Employee License

Casino Employee Registration

Qualifer

Other (Please specify)

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
None			

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.

Stanley J Andersen

Name of person certifying this form

Assistant Secretary

Title

07/14/2017

Date

SUBMIT FORM

Save Form

Print Form