

# INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:  Initial  Quarterly

2015 AUG 17 A 11: 35

Name of person completing this form: *Mary Pentala*

REGISTRATION ENFORCEMENT

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

*Mary Pentala  
816 Riverside Dr.  
Fairfield CT 06424*

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

*yacht charters*

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
- 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 |
|--|---|--|--|
|  | <i>not applicable</i>   |  |  |

## 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 |
|--|---|--|---|
|  | NOT applicable  |  |   |

***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.***

Name of person certifying this form    *Mary Mentaly*

Title    *owner*

Date    *8/10/15*

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