## INTERNET GAMING DISCLOSURE STATEMENT Filing Period: **Quarterly** Name of person completing this form: John Hindman Name and address of entity or person on whose behalf this form is being filed: Betfair Interactive US LLC 6701 Center Drive West Suite 800 Los Angeles, California 90045 Principal business or occupation of entity or person on whose behalf this form is being filed: Interactive wagering Status of entity or person on whose behalf this form is being filed: ☐ License Holder 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

Casino Key Employee License

Casino Employee Registration

Other (Please specify)

Permit

Qualifer

## **SCHEDULE A**

ror an <u>initial</u> filling, all information disclosed must date from July I, 2005 through the date of the initial fillings. All subsequent fillings 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
KPMG			Tax Advice
Kent McBride			Legal Advice
Mark Lipparelli			Consultancy Advice
David Shackleton	\$55,229 (€1260 per day)	Monthly	Consultancy Advice
Stephen Downer	\$43,337 (£883 per day)	Weekly	Consultancy Advice
Arijit Ghosh	\$58,241 (£400 per day)	Weekly	Project Management
Blank Rome LLP	\$25,984.14	6/17/2013	Legal Advice
Biank Rome LLP	\$88,833.39	8/6//13	Legal Advice
Blank Rome LLP	\$78,651.09	08/06/2013	Legal Advice
Blank Rome LLP	\$67,199.67	11/18/2013	Legai Advice
Blank Rome LLP	\$36,391.28	11/18/2013	Legal Advice
Blank Rome LLP	\$46,030.98	11/18/2013	Legal Advice

## **SCHEDULE B**

ror an <u>initial</u> filling, all information disclosed must dute from July 1, 2009 through the date of the initial filling. All subsequent fillings 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	
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.

Signature of person completing this form

12/31//3 Date

**Print Form** 

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