

**NEW MEXICO GAMING CONTROL BOARD
COMPULSIVE GAMBLING ASSISTANCE PLAN REPORTING FORM**

**For Calendar Year 2005
Due March 31, 2006**

Name of Licensee: _____

License Number _____

Name of person completing this form _____

1. Name and title of licensee's designee responsible for development, implementation, and maintenance of the Compulsive Gambling Assistance Plan.

2. Describe Compulsive Gambling Assistance Plan activities during 2005

3. Employee Training – Include all key persons and all work permit personnel who were employed by the license during 2005

Employee Name	Hire Date	Date of Training	Name of Training Course	Cost of Training

4. For Racetrack Licensees – Schedule of Required Compulsive Gambling Payments (Section 60-2(E) NMSA 1978).

Month	Net Take	Required Amt. (.25%)	Actual Payments	Variance Over/Short
January 2005	\$	\$	\$	\$
February 2005	\$	\$	\$	\$
March 2005	\$	\$	\$	\$
April 2005	\$	\$	\$	\$
May 2005	\$	\$	\$	\$
June 2005	\$	\$	\$	\$
July 2005	\$	\$	\$	\$
August 2005	\$	\$	\$	\$
September 2005	\$	\$	\$	\$
October 2005	\$	\$	\$	\$
November 2005	\$	\$	\$	\$
December 2005	\$	\$	\$	\$
YTD required payments and actual payments	\$	\$	\$	\$