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Fact Sheet: Progressive Raffles in Colorado

What are progressive raffles and how do they differ from regular raffles?

Progressive raffles are a type of charitable game allowed in Colorado as of January 1, 2014. They are different from regular raffles in one important way: there is no guarantee that any one drawing will produce a winner. As a result, the raffle jackpot may carry over from one drawing to the next, building as it goes. Currently, Colorado regulations allow for two types of progressive raffles: Playing-Card Progressive Raffles and Members-Only Progressive Raffles. In addition to the rules governing all raffles, here are some pointers and regulations to be aware of when running a progressive raffle.

Playing-Card Progressive Raffles

Method of Play: Select a "Jackpot Prize Card" from a standard 52- or 54-card deck of playing cards—often the Queen of Hearts or Queen of Spades. Place each of the cards in a separate sealed envelope or other container through which the cards are not visible, shuffle the envelopes, and put them on public display. Sell raffle tickets and hold a drawing. The holder of the drawn ticket selects an envelope. If the envelope contains the Jackpot Prize Card, they receive the jackpot. If not, there is no winner and the jackpot carries over to the next drawing.

Additional Rules:

- 1) Once the envelopes are on display, they must be kept in a locked container; only the games manager and licensee officers are allowed access to the locked container.
- 2) Non-winning cards must be displayed until you award the jackpot prize.
- 3) If the winning ticket purchaser is not present at the drawing, you must continue drawing tickets until selecting a purchaser who is present.

Prizes and "Must-Gos"

- 1) Prize amounts for all progressive raffles are calculated as a percentage of sales, not to exceed 70%.
- 2) If your prize reaches \$15,000, you must run a "must-go" in which the prize is given away.
- 3) If your prize reaches \$15,000 in a playing-card progressive raffle, you may either award the prize to the holder of the first ticket drawn or continue pulling tickets and allowing holders to select cards until a person selects the Jackpot Prize Card.
- 4) In a members-only drawing, you must continue to draw member names until a member who purchased the ticket is drawn.
- 5) You may offer a consolation prize for each drawing as either a specified amount or as a percentage of sales.

Members-Only Progressive Raffles

Method of Play: Give your organization's members the opportunity to buy raffle tickets. At the drawing, place the names of all members (or a subset) into the pool and select one name. If the member whose name is drawn purchased a ticket, he or she wins the jackpot prize. If the member whose name is drawn did not purchase a ticket, there is no winner and the prize amount is added to the jackpot for the next drawing.

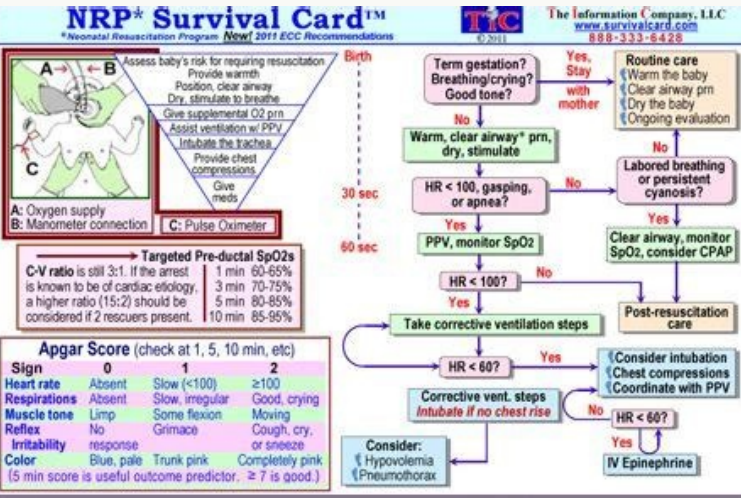
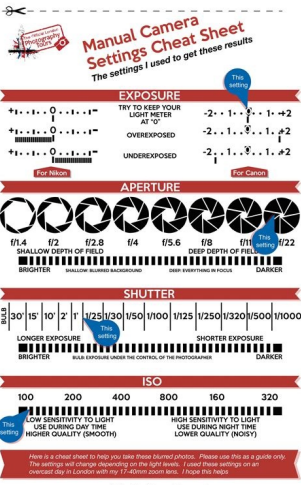
Additional Rules:

- 1) The names of all members who purchased a ticket for a specific drawing must be included in the pool for that drawing.
- 2) Because you can only sell tickets to members, you do not need to comply with special raffle ticket provisions in Rule 8.1.4.

Ticket Sales and Postings

- 1) If your prize amount exceeds \$1,000, you must print special tickets in accordance with Rule 8.1.4, unless you are selling only to organization members.
- 2) Tickets sold for a specific drawing are ineligible for future drawings.
- 3) You must determine ticket prices before beginning a progressive raffle, and you must not change those prices for any drawing in the progressive sequence.
- 4) A ticket holder must be present at the drawing in order to win the jackpot or consolation prize.
- 5) In addition to other required postings, see Rule 8.4.7 for required progressive raffle postings.

Summary of 12 lead EKG Interpretations			
Rate and Rhythm	• Six second method • Counting small box method • Presence of PQRS and its characteristics • Look for intervals		
Axis	Look at lead I and aVF. Consider entire QRS complex for axis determination		
	Vertical axis (Consider Lead I and aVF)	Normal axis	Lead I and aVF positive
		Right axis	Lead I negative and aVF positive
		Left axis	Lead I positive and aVF negative
Horizontal axis (Look at V1, V2 and V5, V6)	Anterior axis	Positive V1 and V2	
	Posterior axis	Positive V5 and V6	
Bundle branch block	• Look at lead I, V1 and V6 (only last half of the QRS complex) • If require QRS duration > 0.12 sec		
	BBB	Negative lead I and V6 and positive V1	
	EBB	Negative lead V1 and positive lead I and V6 (R or R')	
Hemiblock	Look at lead I and aVF		
	Left anterior hemiblock (LAHB)	Left axis deviation	Lead I positive and aVF negative
		rS complex in the lateral limb leads	Lead I and aVL
		rS complex in the inferior limb leads	Lead II, III and aVF
	Left posterior hemiblock (LPHB)	Delayed intrinsicoid deflection (time for R wave onset)	In aVL > 0.45 seconds
		Do not diagnose LAHB in presence of inferior infarct (prominent Q in lead II, III and aVF)	
		Right axis deviation	Lead I negative and aVF positive
	Right axis deviation	Lead I negative and aVF positive	
Chamber enlargement	Right atrial enlargement	rS pattern in lead I and aVL, tall R waves in II, III and aVF	This goes with right axis deviation
	Left atrial enlargement	Looks similar to S1Q23 pattern as in pulmonary embolism	
	Right ventricular hypertrophy	Narrow and tall P waves in lead II and V1	If Pulmonary
	Left ventricular hypertrophy	Wide P waves with matching in lead II, aVF and V1	
	Right ventricular hypertrophy	Tall R waves in V1, V2 and deep S waves in V5 and V6	
	Right ventricular hypertrophy	Right axis deviation	Negative lead I and positive aVF
	Left ventricular hypertrophy	Left axis deviation	(Positive lead I and negative aVF)
	Left ventricular hypertrophy	Down sloping ST and inverted T waves in lateral leads	V1 Strain pattern
	Left ventricular hypertrophy	R in aVL plus S in V3 > 25 mm in men and > 20 mm in	Cornell criteria



Caution: If no regional change therapy after 3 And F attempts, initiate targeted therapy after postoperative. This scenario often occurs, eg anal, large prostatic or breast infection. Not every case is a sign of bacterial resistance! Do not use antibiotics as antiseptics.

[illegible]

Mutiple cultures should be obtained prior to initiating empiric antimicrobial therapy.
Infectious Aetiology Endocarditis (through percutaneous &/or intravenous or contaminated)
+ gentamicin
Endocarditis/Enterococcus: penicillin G
(or ampicillin or vancomycin) + gentamicin
Endocarditis/Staphylococci: Vancomycin
Staphylococcus aureus (or methicillin)
w/ gentamicin
Endocarditis/Staphylococci Resistant
Staphylococcus aureus
Enterococci, Pseudomonas aeruginosa
or acinetobacter or klebsiella or enterobacter
Pseudomonas other oral,
suspected bacterial sepsis + gentamicin for
suspected or confirmed

Life strategies: opportunistic + opportunistic;
opportunistic (later); opportunistic;
self propagation to about

Biological Attributes: variable for opportunistic or
opportunistic + opportunistic;
opportunistic opportunistic; opportunistic

Biophantia: typically multicellular
(or unicellular) at stable temperatures

Pharyngitis, tonsillitis is inflammation of pharynx or tonsils or epiglottis
Scarlet fever: *group A streptococcus* (or penicillin G + metronidazole)
Sore throat: *penicillin or dicloxacillin or tetracycline*
Strep throat: *group A streptococcus* is a *streptococcus* (not just inflammation of pharynx)
Malignant Strep throat: is *group A streptococcus*
Strep throat: *penicillin or dicloxacillin or tetracycline*
Mononucleosis: inflammation of tonsils (not just inflammation of pharynx)
Epiglottitis: *group B streptococcus*

Acute Bronchitis: untreated not recommended, reported 8 patients, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, *Legionella*

Parasoma - Commonly Acquired (outgrowth)
 outgrowth or daughter of a substituted
 or branching (or gemmule/blastema)
 a. outgrowth of substituted

Keywords: *Self-esteem, self-concept, self-identity, self-esteem, self-concept, self-identity*

Peasants: **Wengui** **Angewandte** **College**

Long, narrow, with 5-10% rounded at

Regulation: Personnel: standards in

(for pronunciation) a) alternate

a. $\text{C}_2\text{H}_5\text{COOH}$
 b. $\text{C}_2\text{H}_5\text{COO}^-$
 c. $\text{C}_2\text{H}_5\text{COOH}$
 d. $\text{C}_2\text{H}_5\text{COO}^-$

DISCUSSION

4. **Conclusions**

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Cryptosporidium sp. oocysts

[Keywords] *Corporate social responsibility; corporate citizenship; stakeholder theory*

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† Suggestions for individualized antibiotic therapy of bacterial infections in adults. For infants, specific approval and antibiotic dosages must be established.

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