**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Delaware North Companies, Inc. Political Action Committee 250 Delaware Avenue ADDRESS (number and street) (Check if address is changed) Buffalo 14202-NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TLGaugha@delawarenorth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.delawarenorth.com (Check if address is changed) DATE 2017 C00532887 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. McNeill, John, , , Type or Print Name of Treasurer McNeill, John, , , [Electronically Filed] 01 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE	i aye Z			
Can	didate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand						
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand						
Part	ty Con	nmittee:	(D			
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Func	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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FEC Form 1 (Revise Write or Type Committee Na			Page 3			
	th Companies, Inc. Politic	cal Action Committ	ee			
	d Organization, Affiliated Committee, Joint Fun					
Delaware North Con	npanies, Inc.					
	250 Delaware Avenue					
Mailing Address	250 Boldware Avenue					
	Buffalo	NY 14202-2	2014 –			
	CITY	STATE	ZIP CODE			
Relationship: X Connec	cted Organization Affiliated Committee Joi	int Fundraising Representative	eadership PAC Sponso			
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optio	nal) and position of the person in po	ossession of committee			
Gaugha Full Name	an, Tracey, , ,					
Mailing Address	250 Delaware Avenue					
aga.a. coc						
	Buffalo	NY 14202-	2014			
Title or Position	CITY	STATE	ZIP CODE			
Custodian of Records		Telephone number 716 – [	858   5922			
	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
Full Name McNeill, of Treasurer	John, , ,					
Mailing Address	250 Delaware Avenue					
	Buffalo	NY 14202-2	2014			
Title or Position	CITY	STATE	ZIP CODE			
Treasurer	, , , , , , , , , , , , , , , , , , ,	Telephone number   716  -	858  -  5289			

Telephone number

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Full Name of Designated Agent Socha,	, Scott, , ,						
Mailing Address	250 Delaware Avenue						
	Buffalo	NY 14	1202-2014 ZIP CODE				
Title or Position Designated Agent		elephone number 716	-   858   -   5557				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  JP Morgan Chase Bank							
Mailing Address	One Chase Square						
	Rochester	NY 14	1643 				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	STATE	ZIP CODE				