Only

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STATEMENT OF **FEC 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 ABalon@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] 10 17 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

Local 202-694-1100

FF	C E	m 1 (Pavisad 02/2000)	Paga 2		
		m 1 (Revised 02/2009) DMMITTEE	Page 2		
Candi	lidate Committee:				
(a)		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. (Complinformation below.)	ete the candidate		
Name of Candida					
Candida Party A		n Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candida					
Party	Com	mittee:			
(d)			Democratic, epublican, etc.) Party		
Politic	cal A	etion Committee (PAC):			
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is		
		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 seg committee. (i.e., nonconnected committee)	regated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint F	Fund	raising 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.	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.	or more political		
	Comr	nittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

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W	rite or Type Committee Nan		raye 3
		h Companies, Inc. Political Action Committee)
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
D	elaware North Com	panies, Inc.	
_	<u> </u>		<u> </u>
L		250 Delaware Ave	
	Mailing Address		
		Buffalo NY 14202-2014	
		CITY STATE ZII	CODE
	Relationship: x Connect	ed Organization	rship PAC Sponsor
	Treductionship.	2 Some Fundaming Representative 250mm	ramp i vio oponadi
	Custodian of Pacords: Ide	entify by name, address (phone number optional) and position of the person in posses	esion of committee
	books and records.	enting by hame, address (priorie hamber optional) and position of the person in posse.	SSION OF COMMITTEE
	Balon, A	nnette, M., ,	
	Full Name	,250 Delaware Avenue	
	Mailing Address	250 Delawate Avenue	
		Buffalo NY 14202-2014	
	Title or Position	CITY STATE ZIF	CODE
	Custodian of Records	, 716 , 85	8 , , 5044 ,
		Telephone number	
3.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name McNeill, of Treasurer	John, , ,	
	Mailing Address	250 Delaware Ave	
		Buffalo NY 14202-2014	-
		CITY STATE ZIF	CODE
	Title or Position Treasurer	716 - 858	5289
		receptione number	

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Full Name of Designated Agent	Barney, Thomas, , ,	
Mailing Address	250 Delaware Avenue	
	Buffalo NY 14202-20 CITY STATE Z	014
Title or Position Designated Age	ent	258
	JP Morgan Chase Bank	accounts, rents
	One Chase Square	
Mailing Address	One Chase Square	
Mailing Address	One Chase Square Rochester NY 14643	
Mailing Address	Rochester NY 14643	ZIP CODE
Mailing Address Name of Bank, E	Rochester NY 14643 CITY STATE 2	ZIP CODE
	Rochester NY 14643 CITY STATE 2	ZIP CODE
	Rochester NY 14643 CITY STATE 2	ZIP CODE
Name of Bank, [Rochester NY 14643 CITY STATE 2	ZIP CODE
Name of Bank, [Rochester NY 14643 CITY STATE 2	ZIP CODE