

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 7
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New Era Cap Company, Inc PAC

A.

Full Name (Last, First, Middle Initial) Christopher H. Koch		Date of Receipt
Mailing Address 160 Delaware Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2010
City	State	Zip Code
Buffalo	NY	14202-2404
FEC ID number of contributing federal political committee.		Transaction ID: 9083275
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer New Era Cap Company, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 5000.00	

B.

Full Name (Last, First, Middle Initial) Lindsey Koch		Date of Receipt
Mailing Address 160 Delaware Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2010
City	State	Zip Code
Buffalo	NY	14202-2404
FEC ID number of contributing federal political committee.		Transaction ID: 9083284
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10000.00