

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Delaware North Companies, Inc. Political Action Committee**

**A. Alice F. Jacobs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 N Davis Rd

City East Aurora	State NY	Zip Code 14052-9440
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation Homemaker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

**Transaction ID : AD83AE34C5EC141F580E**

Amount of Each Receipt this Period  
5000.00

**B. Joan Jacobs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 93 Elmwood Ave

City East Aurora	State NY	Zip Code 14052-2611
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation Homemaker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

**Transaction ID : A70DA929035994A6F925**

Amount of Each Receipt this Period  
5000.00

**C. Bruce L Platt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 Meadow Rd

City Buffalo	State NY	Zip Code 14216-3614
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FEC ID number of contributing federal political committee. **C**

Name of Employer Buffalo Cardiology	Occupation Cardiologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

**Transaction ID : AEF0C34A9705477A8FD**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	