

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delaware North Companies, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOUSLEY FOR SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address 1000 UNIVERSITY AVE W
10

City Saint Paul State MN Zip Code 55104-4706

Purpose of Disbursement
Political Contribution

FEC Identification Number

C C00664219

Transaction ID : BD1C5BE5B1
Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Housley, Karin, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Special**

State: MN District:

Full Name (Last, First, Middle Initial)

B. BRIAN HIGGINS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address P.O. BOX 28

City Buffalo State NY Zip Code 14220-0028

Purpose of Disbursement
Political Contribution

FEC Identification Number

C C00401034

Transaction ID : BE70CEEFC9
Amount of Each Disbursement this Period

2400.00

Memo Item

Candidate Name

Higgins, Brian, M., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 26

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Special**

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

4900.00

TOTAL This Period (last page this line number only)..... ▶

4900.00