

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 OCT -3 AM 7:08

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Manufacturers Association of Central New York
Inc Federal PAC

ADDRESS (number and street)

15788 Widewaters Parkway



Check if different than previously reported. (ACC)

Syracuse

NY

113214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00532911

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

□

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

□

5. Covering Period

04 / 01 / 2017

through

06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John F. Osta

Signature of Treasurer

[Handwritten Signature]

Date

09 / 22 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Manufacturers Assoc. of Central NY Inc Federal PAC

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YY YYY YY 20 17		598.00
(b) Cash on Hand at Beginning of Reporting Period.....	574.00	
(c) Total Receipts (from Line 19)	0.00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	
7. Total Disbursements (from Line 31).....	24.00	48.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	550.00	550.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NON-FEDERAL CAMPAIGN FINANCING

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Manufacturers Assoc. of Central NY Inc. Federal PAC

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

0-

0-

(ii) Unitemized.....

0-

0-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0-

0-

(b) Political Party Committees.....

0-

0-

(c) Other Political Committees (such as PACs).....

0-

0-

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0-

0-

12. Transfers From Affiliated/Other Party Committees.....

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0-

0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0-

0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

0-

0-

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0-

0-

(b) Levin Funds (from Schedule H5).....

0-

0-

(c) Total Transfers (add 18(a) and 18(b))..

0-

0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0-

0-

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0-

0-

2017-06-30 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0-	0-
(ii) Non-Federal Share.....	0-	0-
(b) Other Federal Operating Expenditures	0-	0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0-	0-
22. Transfers to Affiliated/Other Party Committees.....	0-	0-
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0-	0-
24. Independent Expenditures (use Schedule E)	0-	0-
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0-	0-
26. Loan Repayments Made.....	0-	0-
27. Loans Made.....	0-	0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0-	0-
(b) Political Party Committees	0-	0-
(c) Other Political Committees (such as PACs).....	0-	0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0-	0-
29. Other Disbursements (Including Non-Federal Donations).....	2400	4800
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0-	0-
(ii) "Levin" Share.....	0-	0-
(b) Federal Election Activity Paid Entirely With Federal Funds	0-	0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0-	0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2400	4800
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2400	4800

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0-	0-
34. Total Contribution Refunds (from Line 28(d))	0-	0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0-	0-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0-	0-
37. Offsets to Operating Expenditures (from Line 15, page 3)	0-	0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0-	0-

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input 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)

Manufacturers Assoc. of Central NY Inc. Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0-

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0-

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0-

Memo Item

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

0-

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

0-

2011-10-01 09:00:00

**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)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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			

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)
Manufacturers Assoc. of Central NY Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

2016-10-10 10:00 AM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Manufacturers Assoc of Central NY Inc Fed PAC			FEC IDENTIFICATION NUMBER C00532911		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 0.00		Interest Rate (APR) %	
Mailing Address			Date Incurred or Established		
City State Zip Code			Date Due		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred		
B. If line of credit, Amount of this Draw: 0.00		Total Outstanding Balance: 0.00			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? 0.00	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____				What is the estimated value? 0.00	
Location of account:			Address:		
City, State, Zip: _____			F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name Signature			DATE _____		
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature			DATE _____		
Title			_____		

2014-10-01 09:01:00

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc. Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text" value="000"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	<input type="text" value="000"/>	<input type="text" value="000"/>	<input type="text" value="000"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text" value="000"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	<input type="text" value="000"/>	<input type="text" value="000"/>	<input type="text" value="000"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text" value="000"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	<input type="text" value="000"/>	<input type="text" value="000"/>	<input type="text" value="000"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="000"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text" value="000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text" value="000"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="000"/>

NON-HIGHWAY-IND-01-01-000000

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) **Manufacturers Assoc. of Central NY Inc**

FEC IDENTIFICATION NUMBER **000532911**

Check if 24-hour report 48-hour report New report **Federal PAC** Amends report Filed on / /

Full Name of Payee Memo Item

Mailing Address

City State Zip Code

Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination / /

Amount

Date of Disbursement or Obligation / /

Name of Federal Candidate: Support Oppose

Office Sought: House President Senate District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

Full Name of Payee Memo Item

Mailing Address

City State Zip Code

Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination / /

Amount

Date of Disbursement or Obligation / /

Name of Federal Candidate: Support Oppose

Office Sought: House President Senate District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

2017-10-08 10:00 AM

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Manufacturers Assoc. of Central NY Inc. Federal PAC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
Mailing Address			
City		State	ZIP Code

NON-PROFIT

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address					
City		State	Zip Code	Date	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	<input type="text"/>
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address					
City		State	Zip Code	Date	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	<input type="text"/>
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address					
City		State	Zip Code	Date	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount	<input type="text"/>
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>		

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

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Manufacturers Assoc. of Central NY Inc. Federal PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

NON-FEDERAL LEVIN FUNDS

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc Federal PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL CANDIDATE

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc Federal PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	000

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	000
ii) Generic Voter Drive	000
iii) Exempt Activities	000
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	000
b) _____	000
c) Total Amount Transferred For Direct Fundraising	000
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	000
b) _____	000
c) Total Amount Transferred For Direct Candidate Support	000
vi) Public Communications Referring Only to Party (Made by PAC)	000

2017-10-01 10:00 AM

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	000
TOTAL This Period (Generic Voter Drive)	000
TOTAL This Period (Exempt Activities)	000
TOTAL This Period (Direct Fundraising)	000
TOTAL This Period (Direct Candidate Support)	000
TOTAL This Period (Public Communications Referring Only to Party)	000
TOTAL This Period (Total Amount Transferred)	000

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Manufacturers Assoc of Central NY Inc Federal PAC

A. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type _____

Allocated Activity or Event Year-To-Date _____

Date MM / DD / YYYY _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ 000 _____ 000 _____ 000

B. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type _____

Allocated Activity or Event Year-To-Date _____

Date MM / DD / YYYY _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ 000 _____ 000 _____ 000

C. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type _____

Allocated Activity or Event Year-To-Date _____

Date MM / DD / YYYY _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ 000 _____ 000 _____ 000

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ 000 _____ 000 _____ 000

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ 000 _____ 000 _____ 000

2017-10-01 01:00:00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18E OF FORM 3X

NAME OF COMMITTEE (In Full) Manufacturers Assoc. of Central NY Inc Federal PAC									
NAME OF ACCOUNT	DATE OF RECEIPT <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:10%;">M M</td> <td style="width:10%;">/</td> <td style="width:10%;">D D</td> <td style="width:10%;">/</td> <td style="width:10%;">Y Y Y Y</td> <td style="width:10%;">Y Y</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	Y Y	TOTAL AMOUNT TRANSFERRED <table border="1" style="width:100%; text-align:right;"> <tr> <td>000</td> </tr> </table>	000
M M	/	D D	/	Y Y Y Y	Y Y				
000									

BREAKDOWN OF THIS TRANSFER

- VOTER REGISTRATION

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

000

- VOTER ID

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

000

- GOTV

iii) **GOTV**
Total Amount Transferred for GOTV.....

000

- GENERIC CAMPAIGN ACTIVITY

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

000

NAME OF ACCOUNT	DATE OF RECEIPT <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:10%;">M M</td> <td style="width:10%;">/</td> <td style="width:10%;">D D</td> <td style="width:10%;">/</td> <td style="width:10%;">Y Y Y Y</td> <td style="width:10%;">Y Y</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	Y Y	TOTAL AMOUNT TRANSFERRED <table border="1" style="width:100%; text-align:right;"> <tr> <td>000</td> </tr> </table>	000
M M	/	D D	/	Y Y Y Y	Y Y				
000									

BREAKDOWN OF THIS TRANSFER

- VOTER REGISTRATION

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

000

- VOTER ID

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

0000

- GOTV

iii) **GOTV**
Total Amount Transferred for GOTV.....

000

- GENERIC CAMPAIGN ACTIVITY

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

000

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration).....

000

- TOTAL This Period (Voter ID).....

000

- TOTAL This Period (GOTV).....

000

- TOTAL This Period (Generic Campaign Activity).....

000

- TOTAL This Period (Total Amount of Transfers Received).....

000

NON-FUNCTIONAL

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc Federal PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign	
Mailing Address						Allocated Activity or Event Year-To-Date
City	State	Zip Code		Date		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
0.00			0.00			0.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign	
Mailing Address						Allocated Activity or Event Year-To-Date
City	State	Zip Code		Date		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
0.00			0.00			0.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign	
Mailing Address						Allocated Activity or Event Year-To-Date
City	State	Zip Code		Date		
			Category/Type	MM	DD	YYYY
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
0.00			0.00			0.00

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
0.00			0.00			0.00
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
0.00			0.00			0.00
TOTAL This Period for the Levin Share						
			0.00			

2014-10-01 10:00 AM

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
Manufacturers Assoc of Central NY Inc Federal PAC
 NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0-	0-
(b) Unitemized	0-	0-
(c) Total	0-	0-
2. OTHER RECEIPTS	0-	0-
3. TOTAL RECEIPTS	0-	0-
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0-	0-
(b) Voter ID	0-	0-
(c) GOTV	0-	0-
(d) Generic Campaign	0-	0-
(e) Total	0-	0-
5. OTHER DISBURSEMENTS	0-	0-
6. TOTAL DISBURSEMENTS	0-	0-
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	0-	0-
(for Column B, use cash as of January 1st)		
8. RECEIPTS	0-	0-
(from Line 3)		
9. SUBTOTAL	0-	0-
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0-	0-
(From Line 6)		
11. ENDING CASH ON HAND	0-	0-
(Subtract Line 10 From Line 9)		

NON-FUNCTIONAL

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
 (check only one) 1a 2

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)
Manufacturers Assoc of Central NY Federal PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

2017-10-01 10:01 AM

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF
 (check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Federal PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period **000**

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period **000**

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period **000**

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period **000**


E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period **000**

SUBTOTAL of Disbursements This Page (optional) **000**
TOTAL This Period (last page this line number only) **000**

NOT FOR ONLINE SUBMISSION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 9/22/2017	10/3/2017
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

 10/3/2017
 DATE PREPARED

2017-10-03 10:00:00 AM