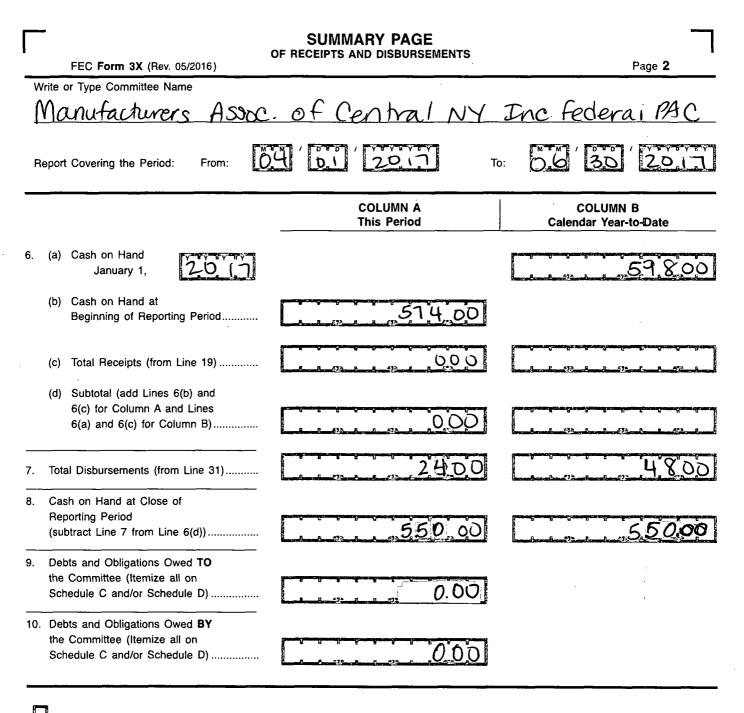
			-	• • • • • • • • • • • • • • • • • • •
				í : : :
	REPORT OF	RECEIPTS		RECEIVED
FEC	AND DISBUR		FEC	MAL CENTER
FORM 3X	For Other Than An Auth		2017 OC Office Use O	· · ·
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Monufactu	KERS ASSIDCI	ation of C	ent ral Ne	WYOKH
Inc Fielder	•			
		waters Pari	$(K_{\mu})_{\alpha}$	<u></u> <u></u>
ADDRESS (number and street)			7444	<u> </u>
Check if different than previously				
reported. (ACC)	Sy racuse		[NY] $[1,3,2,1]$	¥]-,
2. FEC IDENTIFICATION	NUMBER V CIT	Y 🔺	STATE ZIF	
C005320		EPORT (N) OR	AMENDED (A)	•
4. TYPE OF REPORT		20 (M2) May 20 (M5	i) 🗌 Aug 20 (M8)	Nov 20 (M11)
(Choose One)	Report	20 (M3) Jun 20 (M6)) Sep 20 (M9)	Vear Only) Dec 20 (M12) Non-Election
(a) Quarterly Reports:	Apr	20 (M4) Jul 20 (M7)	Oct 20 (M10)	Fear Only)
April 15 Quarterly Repo		Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report	PRE-Election	Convention (12C)	Special (12S)	
October 15 Quarterly Repor			G	à
January 31 Year-End Repo	rt (YE) Electio	n on	6 7	the ate of
July 31 Mid-Yea Report (Non-ele Year Only) (MY	ection	General (30G)	Runoff (30R)	Special (30S)
Termination Re (TER)		n on	6 V	the late of
5. Covering Period	5461201	through	6 36 20.1	Č
I certify that I have examine	d this Report and to the best of	my knowledge and belief it is	true, correct and complete.	
Type or Print Name of Treas		Osta		".
Signature of Treasurer		FOR	Date 09 22	2017
NOTE: Submission of false, e	rroneous, or incomplete informatio	n may subject the person signing	this Report to the penalties	of 52 U.S C. & 30109
Office				FORM 3X
Use Only				05/2016

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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

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 05/2016) Page 3					
Write or Type Committee Name Manufactures Assoc. of Central NY Inc. Federal PAC Report Covering the Period: From: 04 01 2017 To: 06 2017					
Report Covering the Period: From: U U Q Q I To: U Q I COLUMN A COLUMN B I. Receipts Total This Period Calendar Year-to-Date					
 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	$ \begin{bmatrix} $	$\begin{array}{c} \begin{array}{c} \begin{array}{c} & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ \end{array} \end{array} $			
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) Total Federal Receipts 	0,-1				
(subtract Line 18(c) from Line 19)					

I

DETAILED SUMMARY PAGE

of Disbursements

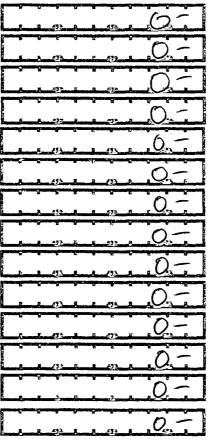
COLUMN A Total This Period

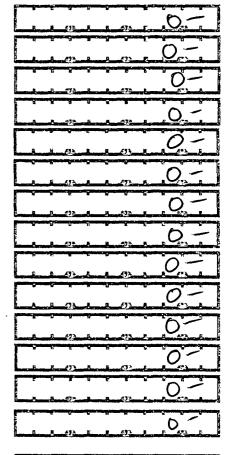
COLUMN B

Page 4

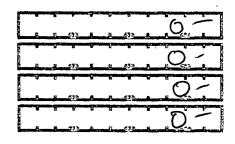
Calendar Year-to-Date

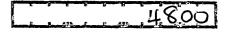
FEC Form 3X (Rev. 05/2016) **II. Disbursements** 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) > 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 25. 26. Loan Repayments Made..... 27. Loans Made..... 28. Refunds of Contribu Refunds of Contributions To: Individuals/Persons Other (a) Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))........... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

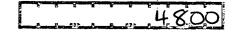












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24.00

DETAILED SUMMARY PAGE

of Disbursements

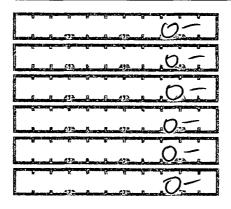
COLUMN A

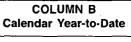
Total This Period

FEC Form 3X (Rev. 05/2016)

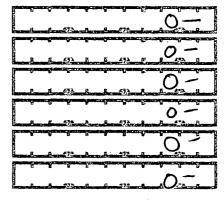
III. Net Contributions/ Operating Expenditures

- 33. Total Contributions (other than loans) (from Line 11(d), page 3)
- (add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3)......38. Net Operating Expenditures
- (subtract Line 37 from Line 36)





Page 5



S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
ITEIWIZED RECEIPIS		for each category of the Detailed Summary Page	11a 11b 11c 12	
<u> </u>			l	13 14 15 16 17
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	_		
Z	Manufacturers Asso	c_{of}	Central NY	Inc. Federal PAC
A.	Full Name of Individual (Last, First, Middle Init		nganization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Accrecate	Year-to-Date ▼	
	Primary General	, iggi ogulo		
	Other (specify) ▼		and and a contra	
в.	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) ▼		A. A. U.T.	L
c.	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing	C		N-1
	federal political committee.		- Construction of the sector o	
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		-192 6 - 19 <u>2</u>	
Γ				
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE B (FEC Form 3X)			NUMBER PAGE OF		
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		NUMBER: PAGE OF	
		for each category of the Detailed Summary Page		22 23 26 27	
				28b 28c 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may ame and add	not be sold or us dress of any politic	sed by any perso cal committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)					
Manufacturors Assoc	of	Centra	NY 2	Inc. Federal PAC	
Full Name (Last, First, Middle Initial)				Data of Distances and	
Α.			Date of Disbursement		
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				C	
Candidate Name			Category/	Amount of Each Disbursement this Period	
			Туре	land and an and an and an and and a second part of the second second second second second second second second	
	ement For:			D =	
Senate President	Primary Other (sp	General		generg:	
State: District:		ecity) V		Memo Item	
Full Name (Last, First, Middle Initial)					
B.				Date of Disbursement	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement					
		Category/		C	
				Amount of Each Disbursement this Period	
			Туре		
	sement For:	ment For: Primary General Other (specify)			
Senate President					
State: District:		·		Memo Item	
Full Name (Last, First, Middle Initial)	<u> </u>				
С.				Date of Disbursement	
				M B M / D D D / V V V V V	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement		<u></u>		C	
Candidate Name Cate		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburg	sement For		Туре		
Office Sought: House Disbursement For: Senate Primary General			Land 192 End 193 Land		
President	Other (sp			Mome Hom	
State: District:			Memo Item		
SUBTOTAL of Disbursements This Page (optiona	l)		•••••••••••••••••		
TOTAL This Pariod (last page this line surface				\sim	
I This Fendo (last page this line number of	TOTAL This Period (last page this line number only)				

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SCHEDULE C (FEC Form 3X)

LOANS		Use separate schedule(s for each category of the			
			Detailed Summary Page	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)		_			
Vanufacturer	c Asso	c of Cen	tral NY Inc	C. Federal PAC	
LOAN SOURCE Full Name			Memo Item	Election:	
				Primary General	
Mailing Address		·		Other (specify) ▼	
		·	<u>,</u>		
City		State ZIP	Code	· · · · · · · · · · · · · · · · · · ·	
Original Amount of Loan		Cumulative Payment	To Date Bala	nce Outstanding at Close of This Period	
	000		660	<u>600', ', '00</u> 0	
TERMS					
Date incurred	YBYBYB	Date D	ue Interest Rate	Secured:	
				• (apr) Yes No	
List All Endorsers or Guara	ntors (if any) t	o Loan Source			
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer		
Mailing Address		<u> </u>	Occupation		
Maning Address			Cooperation	,	
City	State	ZIP Code	Amount		
			Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer	1 •		
Mailing Address		Occupation			
, , , , , , , , , , , , , , , , , , ,					
City	State	ZIP Code	Amount Guaranteed	われる	
3. Full Name (Last, First, Mid	ddla Initial)		Outstanding:		
3. Full Name (Last, First, Mit	Jole Initial)		Name of Employer		
Mailing Address		····	Occupation		
	·····		······		
City	State	ZIP Code	Amount Guaranteed	OOd	
4 Euli Nomo (Lost Eirst Mi	ddio Initial)		Outstanding:		
4. Full Name (Last, First, Mi			Name of Employer	•	
Mailing Address			Occupation	Н	
City	State	ZIP Code	Amount Guaranteed	$\gamma \gamma \gamma$	
			Outstanding:		
SUBTOTALS This Period This	Page (optional)		_		
TOTALS This Period (last page	in this line onl	y)	▶	600	
Carry outstanding balance only	v to LINE 3. Se	hedule D. for this line	If no Schedule D, carry for	ward to appropriate line of Summary.	

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

Federal Election Commission, Washington, D.C. 20463

ederal Election Commission, Washington, D.C. 20465				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER			
Manufacturers Assoc of Ce	ntral NYIncFedAc CID. 0.5.329.1.1			
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)			
Full Name				
	%			
Mailing Address				
	Date Incurred or Established			
City State Zip Code	Date Due			
A. Has loan been restructured? No Yes	If yes, date originally incurred			
B. If line of credit,	Total			
	O D Outstanding			
Amount of this Draw:	UOO Balance:			
C. Are other parties secondarily liable for the debt incurre	ed? ist be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the la				
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	similar traditional collatoral?			
No Yes If yes, specify:				
	Does the lender have a perfected security			
	interest in it? No Yes			
E. Are any future contributions or future receipts of intere				
collateral for the loan? No Yes If yes, s	specify:			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).				
Date account established:	Address:			
	City, State, Zip:			
F. If neither of the types of collateral described above was	s pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.			
	was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER	DATE			
Typed Name	DATE			
Signature				
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 te	erms 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 (ind	cluding 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				
	DATE			
Typed Name				
Signature				

Supplementary for

Information fcund on
Page ____ of Schedule C

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) MANUFACTURES ASSOC. OF CENTRAL A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	(Use separate schedule(s) for each numbered line) NY <u>TMC</u> . Federal PAC Nature of Debt (Purpose):
Mailing Address City State Cutetonding Bolance Beginning This Boried	
Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code	Nature of Debt (Purpose):
Outstanding Balance Beginning This Period OOO Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code	Nature of Debt (Purpose):
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Payment This Period	Outstanding Balance at Close of This Period
 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number only) 	<u>660</u> , <u>, , , , , , , , , , , , , , , , , , </u>
 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of Summary Page of Summary Page (last page of Summary Page of Summary Page (last page of Summary Page of Summary Page of Summary Page (last page of Summary Page of Su	

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDI	TURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		····	FEC IDENTIFICATION NUMBER V
Manufacturers As:	soc. of Cer		
Check if 24-hour report 48-hour re	port New rep	port Amends repor	Aled on the second seco
Full Name of Payee		🗋 Memo I	tem Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
Duran (Europeithur			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate:		Support	OfÀce Sought: House District:
	·······	Oppose	President Senate State:
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for OfAce Sought			Other (specify) ►
Full Name of Payee		🗌 Memo	tem Date of Public Distribution/Dissemination
			M M / D U D I / Y VY VY VY
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support	OfÀce Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date		020	Disbursement For: Primary General
Per Election for OfAce Sought			Other (specify)►
(a) SUBTOTAL of Itemized Independent Ex.	penditures		
(b) SUBTOTAL of Unitemized Independent	Expenditures		
(c) TOTAL Independent Expenditures			
	ny candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
		Date	
Signature			termeterent franzierent fanneterent
			FEC Schedule E (Forin 3X) Rev. 05/201

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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

	y Political Committees in the Gene	ral Election) FOR LI	NE 25 OF FORM 3X	
NAME OF COMMITTEE (In Full)	Capter INV -	a Cadami	01 d	
Manufacturers Assoc. of Central NY Jnc. Federal PAC. tas your committee been designated to make toordinated expenditures by a political party committee? YES NO				
f YES, name the designating committee:	lailing Address			
C	ity	State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure	Category/	
Mailing Address		Date	, Type	
City State	Zip Code		***	
Name of Federal Candidate Supported Office Sought:	House State: Senate District: Presidential	Amount	. D00	
Aggregate General Election Expenditure for this Candidate ►			•	
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address	🗌 Memo Item	Purpose of Expenditure	Category/ Type	
		Date		
City State Name of Federal Candidate Supported Office Sought:	Zip Code		Y Y Y Y	
Name of Federal Candidate Supported Office Sought:	House State: Senate District: Presidential	Amount	000	
Aggregate General Election Expenditure for this Candidate ►	000		·	
Full Name (Last, First, Middle Initial) of Each Payee	🗌 Memo Item	Purpose of Expenditure	Category/	
Mailing Address		Date	Туре	
City State	Zip Code		ŶŦŶŦŶŦŶ	
Name of Federal Candidate Supported Office Sought:	House State: Senate District: Presidential	Amount	000	
Aggregate General Election Expenditure for this Candidate ►	0.00			
SUBTOTAL of Expenditures This Page (optional)	▶	······································	6.00	
TOTAL This Period (last page this line number only)	▶	and a second	<u></u>	

FEC Schedule F (Form 3X) Rev. 05/2016

PAGE

OF

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)

Administrative

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):

Generic Voter Drive

Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)		i
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Manufacturers Assoc. of Central		derail PAC
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	re support	
Methods of allocation:		1
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	od" where the federal prop	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefi tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re are allocated using a time/space method.	t derived by federal candid nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	%
CHECK IF THE RATIO IS:	Contractor and Contractor and Contractor	A 4
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	I NONFEDERAL %
ACTIVITY IS:		land and the second
CHECK IF THE RATIO IS:	%	, , ,
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%	%
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		i b
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		and the second
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		

2017 - 10 - 03 - 03 - 00175070

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

ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Manufacturers Assoc. of Central NYI	inc Federal PAC
NAME OF ACCOUNT DATE OF RECEIPT TOTAL	AMOUNT TRANSFERRED
	<u>, 000</u>
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	000
eren generalen Brenzen	بالاستان بيناريند المنظمية المنظمية المناقبة (مستانية المنظمية) (مستانية المنظمية (مستانية المنظمية المنظمة (
ii) Generic Voter Drive	0.00
iii) Exempt Activities	600
iv) Direct Fundraising (List Activity or Event Identifier)	
a)OOO	
^{b)}	and have a superior of the super-
c) Total Amount Transferred For Direct Fundraising	000
v) Direct Candidate Support (List Activity or Event Identifier)	
G.O.O.	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	~ 000
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
and the second	
TOTAL This Period (Generic Voter Drive)	0.0.0
TOTAL This Period (Exempt Activities)	000
Landian Cardin Cardina	
TOTAL This Period (Direct Fundraising)	000
TOTAL This Period (Direct Candidate Support)	660
Learning and the construction of the construct	
TOTAL This Period (Public Communications Referring Only to Party)	0.09
TOTAL This Deviad (Total Amount Transformed)	<u>ה</u> גע
TOTAL This Period (Total Amount Transferred)	

FEC Schedule H3 (Form 2X) Rev. 05/2016

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S	CHEDULE H4 (FEC Form 3X)		
	SBURSEMENTS FOR ALLOCATED DERAL/NONFEDERAL ACTIVITY		
N	AME OF COMMITTEE (In Full)		FOR LINE 21a OF FORM 3X
k	lanufacturers Assoc of Cen	tral N	YInc Federal PAC
A.	Full Name (Last, First, Middle Initial)	Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Unive Direct Cancidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Astivity as Event Identifier		
	Activity or Event Identifier:	Category/ Type	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	000	000	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>
			Allocated Activity or Event:
В.	Full Name (Last, First, Middle Initial)		
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	لسعسط	
		Category/ Type	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00	000	000
c.	Full Name (Last, First, Middle Initial)	Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		000	0.0.0
s	UBTOTAL of Allocated Federal and NonFederal Activity This Page	<u> </u>	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00	000	600
т	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and	d NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE NONFEDERAL	SHARE	TOTAL AMOUNT
	60.0	<u>0</u> ,(600

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FEC Schedule H4 (Form 3X) Rev. 05/2016

S	SCHEDULE H5 (FEC Form 3X)							
TRANSFERS OF LEVIN FUNDS RECEIVED FOR								
		D FEDERAL ELECTION by State, District and Local		s Only)		AGE OF		
È	<u> </u>	MMITTEE (In Full)			[F	OR LINE 18L OF FORM 3X		
		facturers Ass	sto of C	phal	AIV Tod	Carlo a DAA		
L			DATE OF RECEIPT	amai		T TRANSFERRED		
				Y BY BY BY		000		
	BREAKDOW	N OF THIS TRANSFER	· · · · · · · · · · · · · · · · · · ·					
	i)	Voter Registration	<u></u>	VOTER REGISTR	ATION			
		Total Amount Transferred for Voter	Registration		000	:		
	ii)	Voter ID				T		
		Total Amount Transferred for Voter	ID	and and a second se		2		
		GOTV			GOTV			
		Total Amount Transferred for GOT	/		کیسیانیں:(میںشینیانی	200		
	iv)	Generic Campaign Activity		-	GENERIC CAMPAI			
		Total Amount Transferred for Gener	ric Campaign Activity	L_	-dametrait/innia.contenal/			
	NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUN	IT TRANSFERRED		
						603		
	BREAKDOV	VN OF THIS TRANSFER			·			
	i)	Voter Registration	F8	VOTER REGISTR	RATION	<i>i</i>		
		Total Amount Transferred for Voter	Registration		000			
	ii)	Voter ID		V		· ·		
		Total Amount Transferred for Voter	ID		, 00.0	\supset		
	iii)	GOTV			GOTV			
		Total Amount Transferred for GOT	v			000		
	iv)	Generic Campaign Activity			GENERIC CAMPA			
		Total Amount Transferred for Gene	eric Campaign Activity			0.00		
		TOTALS FOR BR	EAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)			
	ΤΟΤΑΙ	L This Period (Voter Registration)			000			
			н _{ит}			$\overline{\mathbf{A}}$		
	IUIA	L This Period (Voter ID)		tend and the second				
	ΤΟΤΑΙ	L This Period (GOTV)				0.00		
	TOTA	L This Period (Generic Campaign A	(ctivity)	Γ	<u></u>	0°0		
				jeni				
	TOTA	L This Period (Total Amount of Trar	nsfers Received)			000		

FEC Schedule H5 (Form 3X) Rev. 05/2016

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State,	District and Local F		es Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (IN F	The second secon	soc. of	Central	
A. Full Name (Last, First,	Middle Initial) / Full Orga		Memo Item	
Mailing Address		Allocated Activity or Event Year-To-Date		
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	
FEDERAL	SHARE +	LEVIN	I SHARE	= TOTAL AMOUNT
	000			$\overline{000}$
B. Full Name (Last, First,	Middle Initial) / Full Orga	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address		<u> </u>		Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	i e	(Category/ Type	
FEDERAL				
FEDERAL	SHARE +		N SHARE	
	, Middle Initial) / Full Orga		N SHARE	Type of Allocated Activity or Event: Voter Registration GOTV
	, 000		, <u>, , O</u> .D.	Type of Allocated Activity or Event: Voter Registration GOTV
C. Full Name (Last, First,	, 000		, <u>, , O</u> .D.	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr
C. Full Name (Last, First, Mailing Address	, Middle Initial) / Full Orga	anization Name	, <u>, , O</u> .D.	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr
C. Full Name (Last, First, Mailing Address City	, Middle Initial) / Full Orga	anization Name	O_D Memo Iten	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Mailing Address City Purpose of Disbursement	, Middle Initial) / Full Orga	anization Name	☐ Memo Iten	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Date
C. Full Name (Last, First, Mailing Address City Purpose of Disbursement FEDERAL	Middle Initial) / Full Orga	Zip Code	Category/ Type N SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT Date 0.00
C. Full Name (Last, First, Mailing Address City Purpose of Disbursement FEDERAL SUBTOTAL of Shared Fede FEDERAL	Middle Initial) / Full Orga	Zip Code	OD Memo Iten Category/ Type N SHARE OD N SHARE OD	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Date M M Date M M Date M M Date M Date TOTAL AMOUNT O O
C. Full Name (Last, First, Mailing Address City Purpose of Disbursement FEDERAL SUBTOTAL of Shared Fede	Middle Initial) / Full Orga	Zip Code	OD Memo Iten Category/ Type N SHARE OD N SHARE OD	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Date M M Date M M Date M M Date M Date TOTAL AMOUNT O O
C. Full Name (Last, First, Mailing Address City Purpose of Disbursement FEDERAL SUBTOTAL of Shared Fede FEDERAL	Middle Initial) / Full Orga	Zip Code	OD Memo Iten Category/ Type N SHARE OD N SHARE OD	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT Date TOTAL AMOUNT Date TOTAL AMOUNT

FEC Schedule H6 (Form 3X) Rev. 05/2016

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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)	<u> </u>	0.5					
	(b) Unitemized	6	0-					
	(c) Total		D					
2.	OTHER RECEIPTS		0-					
3.	TOTAL RECEIPTS (Add Lines 1c and 2)	0	0-					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							
	(a) Voter Registration	Q						
	(b) Voter ID	0/	6-					
	(c) GOTV	0-						
	(d) Generic Campaign	0	0-					
	(e) Total	0	0					
5.	OTHER DISBURSEMENTS	0-	·0					
6.	TOTAL DISBURSEMENTS		0					
7.	BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	0-	0,					
8.	RECEIPTS (from Line 3)	0						
9.	SUBTOTAL							
10.	DISBURSEMENTS (From Line 6)	0-	0-1					
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)	6.	<u> </u>					

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SCHEDUL	E L–A	(FEC F	orm 3	X)
ITEMIZED	RECEI	PTS OF	LEVIN	I FUNDS

SCHEDULE L-A (FEC Form 3X)				noroto pohodulo(o)		PAGE		OF			
ITEMIZED RECEIPTS OF LEVIN FUNDS			for eac	parate schedule(s) h category of the ation Page	FOR LINE NU (check only or		1a	2			
	y information copied from such Reports and Statements ma for commercial purposes, other than using the name and a										
	NAME OF COMMITTEE (IN FUIL) Manufacturers Assoc	20	f (entral M	1Y Fed	leral'	P4	tc			
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full O	rganiza	tion Nam	e 🗌 Merno Item	Date of Recei	pt					
Α.		M M /		ΥĽ	Y Y Y						
	Mailing Address		<u></u>	F							
		Amount of Each Receipt this Period									
	City	State Zip Code		Zip Code	600						
	Name of Employer (for Individual)					Aggregate Year-to-Date					
	Occupation (for Individual)				2/2						
					Date of Recei		/				
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item					pt					
						5 T D T / Y T		YYY			
	Mailing Address	Gentend in	internal lineation 	بۇسىيەز 							
	City	State Zip Code			Amount of Each Receipt this Period						
						600					
	Name of Employer (for Individual)	Aggregate Yea	ar-to-Date								
	Occupation (for Individual)				202						
					ll	<u></u>					
c.	Full Name of Individual (Last, First, Middle Initial) or Full O	rganiza	ition Nam	ie 📋 Memo Item	Date of Recei	pt					
		M M /	D P D 7 7 9 9								
	Mailing Address										
	City	State		Zip Code	Amount of Ea	ch Receipt this	s Per	10d			
	Name of Employer (for Individual)		ار می د (کیسیاد سیان) 	$\dot{0}\dot{0}\dot{0}$						
						ar-to-Date					
	Occupation (for Individual)					<u> </u>	(500			
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item				Date of Rece	ipt					
D.						D D / Y	- 7 - 7				
	Mailing Address					يبيأ أستع	jaaa di				
		Amount of Ea	ch Receipt this	s Per	riod						
	City	State		Zip Code	· · · · · · · · · · · · · · · · · · ·						
	Name of Employer (for Individual)				Aggregate Yes	, ≜t, ()}t	<u>شينا</u>				
	Occupation (for Individual)					مراجعتها					
_							(
s	UBTOTAL of Receipts This Page (optional)			••••••				2001			
				_				シンシ			
ין	TOTAL This Period (last page this line number only)						i	$ $			

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IT	CHEDULE L-B (FEC Form 3X) EMIZED DISBURSEMENTS F 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 4d			
	y information copied from such Reports and Stat for commercial purposes, other than using the na						
	NAME OF COMMITTEE (IN FULL) Manufactures	4.550	c. of Centra	INY Federal PAC			
Α.	Full Name (Last, First, Middle Initial) / Full Organ			Date of Disbursement			
	Mailing Address						
	City	State	Zip Code	Amount of Each Disbursement his Period			
	Purpose of Disbursement	000					
в.	Full Name (Last, First, Middle Initial) / Full Organ	nization Nam	e 🗌 Memo Item	Date of Disbursement			
	Mailing Address	MEN / DED / YEYTYEY					
	City	State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement	<u> </u>					
с.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address						
	City	State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement	000					
D.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address						
	City	State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement	0,0,0					
<u></u> Е.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address						
	City	State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement	,000					
-	UBTOTAL of Disbursements This Page (optional)	•••••	0.0.0			
	OTAL This Period (last page this line number on	ly)	•••••	<u>660</u>			

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