

**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 13214

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C00532911

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) Non-Election Year Only |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) Non-Election Year Only |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 [Signature] Date MM / DD / YYYYYY

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

**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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="59800"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59800"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="000"/>	<input type="text" value="000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="000"/>	<input type="text" value="000"/>
7. Total Disbursements (from Line 31)	<input type="text" value="2400"/>	<input type="text" value="2400"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="57400"/>	<input type="text" value="57400"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	

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:

01 / 01 / 2017

To:

03 / 31 / 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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0-

0-

0-

0-

0-

0-

0-

0-

0-

0-

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (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-

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Disbursements

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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).....	24.00	24.00
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))..	24.00	24.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0-	0-

ACCOUNTING INFORMATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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-HIGH-ON-BOARD

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 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

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

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 ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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 ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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 ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

2014-10-01 01:01:00

**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 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 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).....▶

2000-11-08 10:01 AM

**SCHEDULE C (FEC Form 3X)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page
PAGE OF
FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
000	000	000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M M / D D D / Y Y Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000

SUBTOTALS This Period This Page (optional).....	000
TOTALS This Period (last page in this line only).....	000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

20160501 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
C000532911

LENDING INSTITUTION (LENDER)
Full Name
Amount of Loan
Interest Rate (APR)
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, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred? No 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? What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: Address: Date account established: 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
Title
DATE

NON-PROFIT FOUNDATION

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

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

FOR LINE NUMBER: (check only one)

9
 10

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"/>	<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"/>	<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"/>	<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"/>

2025 RELEASE UNDER E.O. 14176

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Manufacturers Assoc. of Central NY Inc		FEC IDENTIFICATION NUMBER 000532911
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report <input checked="" type="checkbox"/> Federal PAC	Amends report Filed on <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Mailing Address		Amount <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>
City	State	Zip Code <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
Purpose of Expenditure		Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Mailing Address		Amount <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>
City	State	Zip Code <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
Purpose of Expenditure		Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>
(c) TOTAL Independent Expenditures	<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>

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

/ /

2014-10-01 10:00:00

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-FUNCTIONAL

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address						
City	State	Zip Code			Date	
Name of Federal Candidate Supported	Office Sought:	House	State: _____		Amount	
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						000

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address						
City	State	Zip Code			Date	
Name of Federal Candidate Supported	Office Sought:	House	State: _____		Amount	
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						000

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address						
City	State	Zip Code			Date	
Name of Federal Candidate Supported	Office Sought:	House	State: _____		Amount	
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						000

SUBTOTAL of Expenditures This Page (optional).....▶	000
TOTAL This Period (last page this line number only).....▶	000

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-CONFIDENTIAL

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

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.

2017-10-01 10:01:01 AM

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

NON-FEDERAL INFORMATION

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:

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-to-Date 000

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

000 + 000 = 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-to-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

000 + 000 = 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Activity or Event Identifier: Allocated Activity or Event Year-to-Date

Date / /

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

NON-FEDERAL SHARE

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 M M / D D / Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		000
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		000
iii) GOTV	GOTV	
Total Amount Transferred for GOTV		000
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity		000

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		000
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		000
iii) GOTV	GOTV	
Total Amount Transferred for GOTV		000
iv) Generic Campaign Activity	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

NOT FOR INFORMATION ONLY

**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)

PAGE 08 OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Manufacturers Assoc. of Central NY Inc Federal PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

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 Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

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 Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

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

2025 RELEASE UNDER E.O. 14176

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-	0.00
(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)		

200011-00 LEVIN

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: 1a 2
 (check only one)

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

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

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

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).....▶

NON-PROFIT CORPORATION

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: (check only one)		PAGE		OF
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5		
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d			

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 (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period
 0-

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period
 0-

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period
 0-

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period
 0-

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period
 0-

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

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

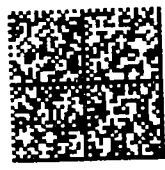
0-

0-

NON-PROFIT ORGANIZATION

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

5788 Widewaters Parkway
Syracuse, NY 13214




UNITED STATES POSTAGE
02 1A
0004390486
MAILED FROM ZIP CODE 13214
\$ 02.45⁰
SEP 22 2017
ASSISTANT ATTORNEY GENERAL
RITNEY BOWES

Federal Election Commission
999 E Street NW
Washington, DC 20463

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FEC MAIL CENTER
2017 OCT -3 AM 7:

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
10/3/2017
DATE PREPARED

2017-10-03 10:01:00 AM