2018 - 0M : 1M - 0M - 00198464

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2018 MAR 13 AM 10: 27
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Rev. 05/2016

1.	NAME OF COMMITTE	E (in full)	TYPE OR	PRINT ▼		mple: If typer the lines.		12F	E4M5				
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\mathbb{L}_{1}	na F	ede no	LI PA	<u> </u>					<u> </u>				
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E.		eviously d. (ACC)	Syr	iacus.	وسي			MY	· U	132	1.41-	ليبا	
2.	FEC IDEN	TIFICATION I	NUMBER ▼		CITY A			STATE	\		ZIP COI	DE 🛦	
	C00	5.3,2,0			3. IS THIS REPORT		NEW (N) OR		AME (A)	NDED			
4.	TYPE OF (Choose On			port 📥	Feb 20 (M2)	O	May 20 (M5)	Aug 20	0 (M8)		Nov 20 (Non-Elect Year Only	tion
	(a) Quarter	ly Reports:	Du	e On:	Mar 20 (M3)		Jun 20 (M6)		Sep 2	0 (M9)		Dec 20 (Non-Elect Year Only	(M12)
	Ac	ril 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20	(M10)		Jan 31	-
		uarterly Report ly 15	(Q1) (c)	12-Day	🔲	Primary (1	2P) -	Ge	eneral (1	2G)		Runoff	(12R)
	Qu	arterly Report	(Q2)	PRE-Election Report for the		Convention	1 (12C)	Sp	ecial (12	2S)			
	Qı	tober 15 uarterly Report	(Q3)			NAME	/ D D /		7		in the		
		nuary 31 ar-End Report	(YE)	E	lection on						State o	f	
	Re L	ly 31 Mid-Year eport (Non-elec ar Only) (MY)		30-Day POST-Electi Report for tl		General (3	0G)	Ru	inoff (30	R)		Special	(30S)
		rmination Repo ER)	ort		lection on	WAW	/ 0 0 /	7877	ŸŤŸ		in the State o	f	
5.	Covering Po	eriod	Ó Ó	1 26		through	1.2	3	′ [2 <u>0</u>			
I ce	ertify that I ha	ave examined	this Report	and to the be	st of my kno	wledge and	d belief it is t	rue, corre	ect and	complet	e.		
Тур	e or Print Na	ame of Treasu	irer 1	shin t	· 05	ta.							
Sig	nature of Tre	easurer	-(<i></i>	7.2			Date	Ď.Ž	ِ ا گ	8 ′	j,oʻ	ř.*8
NO	TE: Submission	on of false, err	oneous, or in	complete infor	mation may so	ubject the p	erson signing	this Repo	ort to the	penaltie	es of 52	U.S.C.	§ 3 <u>0</u> 109
	Office Use									FEC	FOR	м зх	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		· Page 2
Write or Type Committee Name	0 -	
Manufacturers Assoc	c. of Central NY	Inc Federal PAC
Report Covering the Period: From:	0 61 2017	To: 12 31 2017
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		
(b) Cash on Hand at Beginning of Reporting Period	526.6D	
(c) Total Receipts (from Line 19)	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 31)		96.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,02.00	50200
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, 000	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mult	icandidate 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	

(subtract Line 18(c) from Line 19)......▶

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
Write or Type Committee Name		
Manufacturers Ass	soc. of Central NY	Inc. Federal PAC
Report Covering the Period: From:	10 61 2017	ro: (12/3.1/20.1.7
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.7	0.7
(ii) Unitemized(iii) TOTAL (add	0	0,-
Lines 11(a)(i) and (ii)	0	, O
(b) Political Party Committees	0-	0
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	73	0
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-
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 Fu	R	492 1 492 1 492 1
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		0-
(c) Total Transfers (add 18(a) and 18(b)).	6-	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	7	V ~
	<u> </u>	<u></u>
20. Total Federal Receipts	handa de minimula de manda de la company	

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-			
	(i) Todoral Gliaro				
	(ii) Non-Federal Share	0-	0-		
	(b) Other Federal Operating				
	Expenditures	0-1			
	(c) Total Operating Expenditures				
00	(add 21(a)(i), (a)(ii), and (b))	<u>U</u> = 1	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				
25.	(use Schedule E)	0	0.		
	(52 U.S.C. § 30116(d)) (use Schedule F)				
	(use Schedule F)				
26.	Loan Repayments Made	0 -			
	Loans Made	Ω	0-		
28.	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	0-	0.		
	(b) Political Party Committees	^ <			
	(c) Other Political Committees				
	(such as PACs)	0 <	0-		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))	0-	0 =		
	•	L. 1. 53. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
29.	Other Disbursements (Including	and the same of th			
	Non-Federal Donations)	24.00	96.00		
30.	Federal Election Activity (52 U.S.C. § 30101(20))	•		
	(a) Allocated Federal Election Activity	•			
	(from Schedule H6)				
	(i) Federal Share	0-	0		
	(*) Ill aviall Obasa				
	(ii) "Levin" Share(b) Federal Election Activity Paid		L		
	Entirely With Federal Funds		6-		
	(c) Total Federal Election Activity (add				
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0/	0-		
	Ť.				
31.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24.00	9600		
20	Total Fadaret Dishuras	handen to a Charles of the Control o			
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)		21.00		
		1200	96.00		

DETAILED SUMMARY PAGE of Disbursements

III. Net Contribut		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expend	itures		Calendar Year-to-Date
33. Total Contributions (other to (from Line 11(d), page 3).	, K	0-1	0 -
34. Total Contribution Refunds (from Line 28(d))		0-	
35. Net Contributions (other the (subtract Line 34 from Line	an loans)	0.7	0-
36. Total Federal Operating Example (add Line 21(a)(i) and Line	cpenditures	0-	0
37. Offsets to Operating Experience (from Line 15, page 3)	nditures	0.7	0
38. Net Operating Expenditure (subtract Line 37 from Line	S	0-	0

SCHEDULE A (FEC Form 3X)	Lice congrate cohodulo/c\	FOR LINE NUMBER: PAGE OF		
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		rson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Manufacturers Assoc, of	Central NY	Inc. Federal PAC		
Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address		W = M / D = D / Y = Y = Y		
City	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		6.7		
Name of Employer (for Individual) Occ	upation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼			
Full Name of Individual (Last, First, Middle Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address		M M / D D / Y T Y T Y		
City	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	- +1 P			
Name of Employer (for Individual) Occ	upation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼			
Full Name of Individual (Last, First, Middle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address	77- 0-4-	Mow / Dod / Agarda		
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		,,,		
	upation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) Aggregate	Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		0-		
TOTAL This Period (last page this line number only)		0-		

	EMIZED DISBURSEMENTS	Use separate schedule(s) (check or			NUMBER: one)	PAGE OF
TIEMIZED DISBURSEMENTS		Detailed Summary Page L		21b 28a	22 23	26 27 29 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	•				-
\angle	Manufacturars Assoc.	. of	Centra	I NY ?	Inc. Fede	eral PAC
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement	ı
	Mailing Address				MAM / DED	
	City	State	Zip Code		FEC Identification Nu	mber
	Purpose of Disbursement	_	<u> </u>		С	
	Candidate Name			Category/	Amount of Each Disb	ursement this Period
	Office Sought: House Disburser			Туре		6-
	Senate President	Primary Other (spec	☐ General		Memo Item	
_	State: District:				Wellio item	
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement	
	Mailing Address	_			M M / D H D	
	City	State	Zip Code		FEC Identification Nu	mber
	Purpose of Disbursement		<u> </u>		С	
	Candidate Name	_	L	Category/ Type	Amount of Each Disb	ursement this Period
	Office Sought: House Disburser Senate	ment For:	General	1,700		, O, -
	President	Other (spec			Memo Item	
	State: District: Full Name (Last, First, Middle Initial)					
C.					Date of Disbursement	(
	Mailing Address				, ,	
	City	State	Zip Code		FEC Identification Nu	mber
	Purpose of Disbursement				C	
	Candidate Name		I	Category/ Type	Amount of Each Disb	ursement this Period
	Office Sought: House Disburser Senate	ment For:	Ganarat	iype		6.5
	President District:	Primary Other (spec	General cify) ▼		Memo Item	
Γ						
┢	SUBTOTAL of Disbursements This Page (optional)					
Ľ	TOTAL This Period (last page this line number only))		······· >		<u> </u>

SCHEDULE C (FEC Form 3X) LOANS

OANS	Use separate scho for each category Detailed Summary	of the	PAGE FOR LINE	OF 13 OF FORM 3X				
IAME OF COMMITTEE (In Full)						<u> </u>		_
<u> Vanufacturers</u>			ent			Federa	al PAC	
LOAN SOURCE Full Name (Las	t, First, Mi	ddle Initial)		☐ Memo	Item El	ection: Primary		
Mailing Address		····			$\exists \vdash$	General Other (specify)	, ▼	
			1					
City		State	ZIP Cod	de	-			
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance	Outstanding at	Close of This Perio	d
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0.00			000			000	
TERMS Date Incurred		Di	ate Due	Interes	st Rate	,	Secured:	
MTM / DED / YYY	Y	M 7 M / D D	/			, (apr)	Yes No	ס
List All Endorsers or Guarantor	s (if any)	to Loan Source			7.			- 12
1. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		72 + 1 - 2)	0,0,0	
2. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				•
City	State	ZIP Code		Amount Guaranteed Outstanding:		72 4 4 72	0.0.0	_
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:			0.00	
SUBTOTALS This Period This Page	e (optional)			·····			NO 0	Caracter 2
TOTALS This Period (last page in t	OTALS This Period (last page in this line only)							
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If	no Schedule D, car	ry forwar	d to appropriate	line of Summary	-

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

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463	rage of Schedule C						
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER					
Yanufacturers Assoc of Central NYIncFedPo C10,5,5,329,1,1							
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)					
Full Name	72.4.72.4.72	000 %					
Mailing Address							
	Date Incurred or Established	M M / D A D / Y Y Y Y Y Y					
City State Zip Code	Date Due	Mam / Dad / Veres					
A. Has loan been restructured? No Yes	If yes, date originally incurred	Mam / Dep / Vevera					
B. If line of credit,	Total						
Amount of this Draw:	ODO Outstanding Balance:	000					
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)						
D. Are any of the following pledged as collateral for the loproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?					
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		What is the estimated value?					
- Contactur for the feath.		000					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:						
Date account established:	Address:						
M M / D D) / Y V Y Y	City, State, Zip:						
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan							
G. COMMITTEE TREASURER		DATE					
Typed Name Signature		- Mam , Dad , Agasa					
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.							
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 complied with the requirements set forth at 11 C							
AUTHORIZED REPRESENTATIVE		DATE					
Typed Name	 	Mew \ Dag \ Assault					
Signature Tit	ile						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Evaluding Loans

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

FOR LINE NUMBER:
(check only one) 9

kcluding Loans		•	numb	pered line)			10
IAME OF COMMITTEE (In Full)							
<u> Manufacturers Assoc</u>	of C	<u>ientral</u>	NY	Inc.	Federa	1 PA	\mathcal{C}_{-}
A. Full Name (Last, First, Middle Initial) of Debtor				Nature of D	ebt (Purpose):		
·							
Mailing Address							
City	State	Zip Code					
Outside Fig. Bulletin Fitz Borded							
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Pave	ment This Period		Outstandir	ng Balance at Clo	so of This I	Pariod
Amount incurred this relied	rayı	Period Period	50	Cuistanuii	ig balance at Cio	Se of Tries	Pellou
			اں ب		7) [<u>O.o</u>	<u>0</u>
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of D	ebt (Purpose):	· · · · · · · · · · · · · · · · · · ·	
			•				
Mailing Address							
City	State	Zip Code					
Outstanding Relance Regioning This Region	1	<u></u>			— 		
Outstanding Balance Beginning This Period							
Amount Insurred This Period	Dave	ment This Design		Outstandir	a Rolanca at Cla	aa of Thia l	Dariad
Amount Incurred This Period	rayı	ment This Period		Outstandin	ng Balance at Clo	se or rhis i	Penod
	<u> </u>	<u> </u>				0_0	$\mathcal{O}_{\mathbf{i}}$
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	·	_	Nature of D	ebt (Purpose):		
Mailing Address	•						
City	State	Zip Code					
						<u>.</u> .	
Outstanding Balance Beginning This Period							
000							
Amount Incurred This Period	Payı	ment This Period		Outstandir	ng Balance at Clo	se of This	Period
)0\O			<u>. OC</u>	<u>)</u>
1) SUBTOTALS This Period This Page (optional)						.00	0 0
2) TOTALS This Period (last page this line number of	only)		>			<u>, , , , , , , , , , , , , , , , , , , </u>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)				00	0
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page	only) ▶			<u>. '00</u>	0

SCHEDU	LEE	(FEC	Form	3X)
ITEMIZED I	NDEPE	NDENT	EXPE	NDITURES

TEMELO MOLI ENDENT EN ENDITONEO				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	$\Gamma \circ$	1		C70532911
Manufacturers Assoc.	of len	tral NY I'r	C	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort Àled	on MPM / DED / YEVEYEY
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address		·		M M M / D D D / Y Y Y Y Y Y
				Amount
City	State	Zip Code		D0 D
				Data of Dishara and a Old Station
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	OfÀce	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for OfAce Sought			Disbu	sement For: Primary General
Per Election for Office Sought	/)\()\()\			Other (specify) ►
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address				Amount
City	State	Zip Code		
City	Oldic	Zip code		
Purpose of Expenditure		0-4		Date of Disbursement or Obligation
		Category/ Type		M M M M M M M M M M M M M M M M M M M
Name of Federal Candidate:		Support	OfÀce	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date		000	Disbu	rsement For: Primary General
Per Election for OfAce Sought	بلائ عالم للازار	000		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. ▶	
(c) TOTAL Independent Expenditures			· >	<u> </u>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
			E M	MR / OTO / FOR YEAR
Signature		_ Date	e	
- · J···				

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

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

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your committee been designated to make coordinated expenditures by a political party committee? YES ☐ NO Mailing Address If YES, name the designating committee: City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional).....

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)
。 "我们就是我们是我们是我们的,我们就是我们的,我就是我们的人,我就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我
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

2018 - 0M - 1M - 0M - 00198477

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLOCATION RATIOS	PAGE	OF			
NAME OF COMMITTEE (In Full) Manufacturers Assoc. of Central NY the Federal PAC RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.					
Methods of allocation:					
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 where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commisfederal and nonfederal candidates, regardless of whether there is a lare allocated using a time/space method.	it derived by federal candida nunications or voter drives th	ates from the nat refer to	ne ac- both		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDE	RAL %		

· · · · · · · · · · · · · · · · · · ·	FEDERAL 9/	NONEEDEDAL 0/
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	%

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)	ON LINE TOU OF TOTAL OX				
Manufacturers Assoc. of Central NY Inc	Federal PAC				
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AM	OUNT TRANSFERRED				
	000				
BREAKDOWN OF TRANSFER RECEIVED					
i) Total Administrative					
ii) Generic Voter Drive	00e				
iii) Exempt Activities	GGO				
iv) Direct Fundralsing (List Activity or Event Identifier)					
a)					
b)O0_O					
c) Total Amount Transferred For Direct Fundraising	COQ				
v) Direct Candidate Support (List Activity or Event Identifier)					
a)					
b)					
c) Total Amount Transferred For Direct Candidate Support	, 000				
vi) Public Communications Referring Only to Party (Made by PAC)	0.00				
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED					
TOTAL This Period (Administrative)	2				
TOTAL This Period (Generic Voter Drive)	20				
TOTAL This Period (Exempt Activities)	0.00				
TOTAL This Period (Direct Fundraising)	<u> </u>				
TOTAL This Period (Direct Candidate Support)	000				
TOTAL This Period (Public Communications Referring Only to Party)	<u>DD</u>				
TOTAL This Period (Total Amount Transferred)	0.00				

PAGE

OF

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

PAGE	PAGE OF				
FOR LI	NE 2	21a	OF	FORM 3	×

ГC	DERADIONFEDERAL ACTIVI	I I T			FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (In Full)	~~	a C Can	ha. 1 41	YInc Federal PAC
4. A.	Janufacturers As	2200	Ot Cer	Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				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
					000
	Activity or Event Identifier:			Category/ Type	Date Date
-	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	7, 000		7	<u>ं 0.00</u>	G.G.O.
В.	Full Name (Last, First, Middle Initial)		<u> </u>	☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
			17: 0:1		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:				Allocated Activity of Event Teal-10-Date
	Activity or Event Identifier:			Catagony	
				Category/ `Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			. වන ය	000
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	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:	.1			Allocated Activity or Event Year-To-Date
					000
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0,00		- 572 - A - 472	000	, , , , , , , , , , , , , , , , , , , ,
SI	UBTOTAL of Allocated Federal and NonFederal	•	•		
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
T	OTAL This Period (last page for each line only)	(Federal sh	are to 21/a)/i) and	1 NonFederal sh	are to 21(a)(ii))
.,	FEDERAL SHARE	(. 000iai 31i	NONFEDERAL		TOTAL AMOUNT
	0,00		1 512 2 5 512	0.00	0,00

SCHEDULE H5 (FEC Form 3X)

BREAKDOWN OF THIS TRANSFER

ii) Voter ID

iii) GOTV

NAME OF ACCOUNT

i) Voter Registration

iv) Generic Campaign Activity

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

Total Amount Transferred for Voter Registration..

Total Amount Transferred for Voter ID

Total Amount Transferred for GOTV

Total Amount Transferred for Generic Campaign Activity

DATE OF RECEIPT

PAGE OF FOR LINE 18b OF FORM 3X
NY Inc Federal PAC
TOTAL AMOUNT TRANSFERRED
FRATION
VOTER ID
GOTV
GENERIC CAMPAIGN ACTIVITY
00.0
TOTAL AMOUNT TRANSFERRED
TRATION CO.O
VOTER ID
соту
GENERIC CAMPAIGN ACTIVITY
(Last Page Only)
000
000
000

VOTER REGISTRATION

20-8-0%: 18:0%: 00-08481

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)

EOD I	INIE	200	ΛE	EODM	~
PAGE			OF		

NAI	NAME OF COMMITTEE (In Full)				
_	···			_ 	NY Inc Federal PAC
	A. Full Name (Last, First, Middle Initial	Type of Allocated Activity or Event: Voter Registration Voter ID GOTV Generic Campaign			
	Mailing Address				Allocated Activity or Event Year-To-Date
ŀ	City	State	Zip Code		
ŀ	Purpose of Disbursement	<u> </u>	1	Category/ Type	Date / Date
Ì	FEDERAL SHARE	++	LEVIN	SHARE	= TOTAL AMOUNT
	O.	23		, 000	<i>EQO</i>
	B. Full Name (Last, First, Middle Initial) / Full Orgar	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
	Mailing Address				Allocated Activity or Event Year-To-Date
	City	State	Zip Code		
	Purpose of Disbursement	I		Category/ Type	Date / D / Y Y Y Y Y
	FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
	0	00	· · · · · · · · · · · · · · · · · · ·	, , , , , ,	000
	C. Full Name (Last, First, Middle Initia) / Full Orgai	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID GOTV Generic Campaign
į	Mailing Address	·			Allocated Activity or Event Year-To-Date
	City	State	Zip Code		
	Purpose of Disbursement			Category/ Type	Date Man / D D / V V V V V
	FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
		00	4 8 77 ° 1	000	0,0,0
sı	JBTOTAL of Shared Federal and Levin	•	_		
	FEDERAL SHARE	อำกำั	LEVIN	SHARE	TOTAL AMOUNT
TC	OTAL This Period (last page for each lin	ا لائٹ	ral share to 30(a)(i)	and Levin share to	
	FEDERAL SHARE	<u>กัก</u>	. _	0.1455	TOTAL AMOUNT
TO	OTAL This Period for the Levin Share		LEVIN	SHARE O.D.	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Manufacturers Assoc of Central NY Inc Federal PAC					
ŇAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	6.5	72.1.37		
	(b) Unitemized	,6-	7		
	(c) Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2.	OTHER RECEIPTS	.,			
3.	TOTAL RECEIPTS	0-	-7373 - 173 - 1		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	•			
	(a) Voter Registration	0			
	(b) Voter ID	0.5	0		
	(c) GOTV	0.	0-		
	(d) Generic Campaign	,	0		
	(e) Total	0.	0		
5.	OTHER DISBURSEMENTS	0-	,0=		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		0		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)	D.=	,		
9.	SUBTOTAL(Add Lines 7 and 8)	6.	,0.>		
10.	DISBURSEMENTS(From Line 6)	0.	0-1		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		,		

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

_			Aggre	gation Page	(check only one)1a2
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.					
$\geq \langle$	Name of committee (in full) Manufacturers Assoc				
آ ا.	Full Name of Individual (Last, First, Middle Initial) or Full O)rganizai	tion Nai	me Memo Item	Date of Receipt
••					M M M / H D B D / Y Y W Y W Y
İ	Mailing Address		Amount of Each Receipt this Period		
i	City	State		Zip Code	
į	Name of Employer (for Individual)				Aggregate Year-to-Date
_	Occupation (for Individual)				0.00
	Full Name of Individual (Last, First, Middle Initial) or Full O)rganizal	tion Nar	me	Date of Receipt
ن.	Mailing Address				Maw / Dad / Agadad
	Mailing Address			-	Amount of Each Receipt this Period
	City	State		Zip Code	Amount of Each Floodly this Fellod
i	Name of Employer (for Individual)	L		1	6.00
Occupation (for Individual)					Aggregate Year-to-Date
					6.60
_	Full Name of Individual (Last, First, Middle Initial) or Full O)rganiza:	tion Nar	me Memo Item	Date of Receipt
ر. i	Mailing Address			· ·	MIM / DED / YEYEY
-					Amount of Each Receipt this Period
ı	City	State		Zip Code	000
	Name of Employer (for Individual)				Aggregate Year-to-Date
	Occupation (for Individual)				DOO
	Full Name of Individual (Last, First, Middle Initial) or Full O)rganiza:	tion Naı	me	Date of Receipt
J.					Mem / Dro / Yerry
	Mailing Address				Amount of Each Possint this Posint
	City	State		Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	<u> </u>			Aggregate Year-to-Date
	Occupation (for Individual)				0.00
_	IDTOTAL of Descripto This Descriptor to				
SUBTOTAL of Receipts This Page (optional)					
1,	OTAL This Period (last page this line number only)			·····	

0019
8 4 8 4

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

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

FOR LINE NUMB	PAG	iΕ	OF	
(check only one)	\Box		 .	
	Ы	4a	∐_ 4c	5
		4b	40	

Aggregation Page OF LEVIN FUNDS 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address State Zip Code City Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name В. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

5788 Widewaters Parkway Syracuse, NY 13214



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail 28 7018	3 3 3018 Postmarked (R/C)
USPS Registered/Certified	Posťmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
af	3/13/2018
PREPA/RER	DATE PREPARED
(3/2015)	