

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 MAR 13 AM 10:27  
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:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on MM / DD / YYYYYY in the State of  

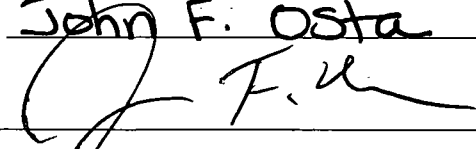
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

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  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="598.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="526.00"/>	
(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="24.00"/>	<input type="text" value="96.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="502.00"/>	<input type="text" value="502.00"/>
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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Manufacturers Assoc. of Central NY Inc. Federal PAC

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2017

To:

MM / DD / YYYY  
12 / 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).....

0-

0-

(ii) Unitemized.....

0-

0-

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

0-

0-

(b) Political Party Committees.....

0-

0-

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

0-

0-

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

0-

0-

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

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

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

0-

0-

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

0-

0-

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

0-

0-

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

0-

0-

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

0-

0-

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

0-

0-

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

0-

0-

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

0-

0-

20170110 12312017

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0-	0-
(ii) Non-Federal Share.....	0-	0-
(b) Other Federal Operating Expenditures .....	0-	0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0-	0-
22. Transfers to Affiliated/Other Party Committees.....	0-	0-
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0-	0-
24. Independent Expenditures (use Schedule E) .....	0-	0-
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0-	0-
26. Loan Repayments Made.....	0-	0-
27. Loans Made.....	0-	0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0-	0-
(b) Political Party Committees .....	0-	0-
(c) Other Political Committees (such as PACs).....	0-	0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0-	0-
29. Other Disbursements (Including Non-Federal Donations).....	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-
(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	96.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24.00	96.00

NON-FEDERAL DONATIONS

**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-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

**A.**

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**0-**

Memo Item

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

**B.**

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**0-**

Memo Item

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

**C.**

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0-**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**0-**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **0-**

**TOTAL** This Period (last page this line number only).....▶ **0-**



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

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	<b>Election:</b> <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

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M M M / D D D / Y Y Y Y Y Y	M M M / D D D / 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	

<b>SUBTOTALS</b> This Period This Page (optional).....	000
<b>TOTALS</b> 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.



**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) <b>Manufacturers Assoc of Central NY Inc Fed PAC</b>	FEC IDENTIFICATION NUMBER <b>000532911</b>
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <b>000</b>	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City	Date Due	
State		
Zip Code		

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit,      Total Outstanding Balance: **000**

Amount of this Draw: **000**

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?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? **000**

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? **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: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	





**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) <b>Manufacturers Assoc. of Central NY Inc. Federal PAC</b>					
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		
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		
Mailing Address			Category/Type		
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		
Mailing Address			Category/Type		
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		
Mailing Address			Category/Type		
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

20160501 10:00:00

**SCHEDULE H2 (FEC Form 3X)**  
**ALLOCATION RATIOS**

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

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

Methods of allocation:

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

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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER 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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

20160510 10:00:00 AM

**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) .....	600
TOTAL This Period (Generic Voter Drive) .....	000
TOTAL This Period (Exempt Activities) .....	000
TOTAL This Period (Direct Fundraising) .....	000
TOTAL This Period (Direct Candidate Support) .....	000
TOTAL This Period (Public Communications Referring Only to Party) .....	000
TOTAL This Period (Total Amount Transferred) .....	000





**SCHEDULE 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 18b OF FORM 3X

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

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

**BREAKDOWN OF THIS TRANSFER**

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

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

**BREAKDOWN OF THIS TRANSFER**

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

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration)..... **000**

**TOTAL** This Period (Voter ID)..... **000**

**TOTAL** This Period (GOTV)..... **000**

**TOTAL** This Period (Generic Campaign Activity)..... **000**

**TOTAL** This Period (Total Amount of Transfers Received)..... **000**



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

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

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

PAGE OF

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Manufacturers Assoc of Central NY Federal PAC*

<p><b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period                  . . . . . 000</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date                  . . . . . 000</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period                  . . . . . 000</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date                  . . . . . 000</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period                  . . . . . 000</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date                  . . . . . 000</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>D.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period                  . . . . . 000</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date                  . . . . . 000</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>	<p>. . . . . 000</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p>. . . . . 000</p>

**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"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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 Y Y

Amount of Each Disbursement this Period  
 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period  
 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period  
 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period  
 000

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period  
 000

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

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

000

000

UNION-COPIED-NO-UT-NO-CO-ON



5788 Widewaters Parkway  
Syracuse, NY 13214



02 1A  
0004390486  
MAILED FROM ZIRCODE 13214

\$01.630  
FEB 28 2018



Federal Election Commission  
999 E. Street NW  
Washington DC 20463

RECEIVED  
FEC MAIL CENTER  
2018 MAR 13 AM 10:27

