



**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="55,000"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(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="0.00"/>	<input type="text" value="0.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24.00"/>	<input type="text" value="72.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="526.00"/>	<input type="text" value="526.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="6.00"/>	

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

**For further information contact:**

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

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

**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:

*07 / 01 / 2017*

To:

*09 / 30 / 2017*

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

*0-*

*0-*

(ii) Unitemized.....

*0-*

*0-*

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

*0-*

*0-*

(b) Political Party Committees.....

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

13. All Loans Received.....

*0-*

*0-*

14. Loan Repayments Received.....

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

18. Transfers from Non-Federal and Levin Funds

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

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

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

*0-*

*0-*

2025 RELEASE UNDER E.O. 14176



**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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

NON-PROFIT CORPORATION

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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 ▼ **0-**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
**0-**

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 ▼ **0-**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
**0-**

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 ▼ **0-**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

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 B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27			
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b			

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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).....▶

NON-COPIED ON INFORMATION







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

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

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

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

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

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

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

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

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

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	<b>000</b>		
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation		
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			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		
Mailing Address			Amount		
City	State	Zip Code	<b>000</b>		
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation		
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			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<b>000</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<b>000</b>
(c) TOTAL Independent Expenditures .....	▶	<b>000</b>

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  /  /



**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

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

NONFEDERAL ACCOUNT 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:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_

Date \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ 000 \_\_\_\_\_ 000 \_\_\_\_\_ 000

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_

Date \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ 000 \_\_\_\_\_ 000 \_\_\_\_\_ 000

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_

Allocated Activity or Event Year-To-Date \_\_\_\_\_

Date \_\_\_\_\_

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

20160501 10:10:10 AM



**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	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	000

**BREAKDOWN OF THIS TRANSFER**

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

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

000

**BREAKDOWN OF THIS TRANSFER**

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

**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

20160510 10:00 AM



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

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

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

**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

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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

MM / DD / YYYY

Amount of Each Receipt this Period

000

Aggregate Year-to-Date

000

**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

MM / DD / YYYY

Amount of Each Receipt this Period

000

Aggregate Year-to-Date

000

**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

MM / DD / YYYY

Amount of Each Receipt this Period

000

Aggregate Year-to-Date

000

**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

MM / DD / YYYY

Amount of Each Receipt this Period

000

Aggregate Year-to-Date

000

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

000

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

000

**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			

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
MEM / DDD / YYYYYY

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  
MEM / DDD / YYYYYY

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  
MEM / DDD / YYYYYY

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  
MEM / DDD / YYYYYY

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  
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period  
000

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

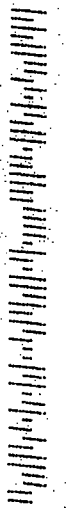
**TOTAL** This Period (last page this line number only).....▶

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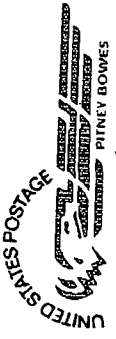
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Syracuse, NY 13214



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