FEC FORM 3X	AND	ORT OF DISBU er Than An A	RSE	MENT	S	_	RECEIVED MAIL CET	NTER 10: 27
1. NAME OF COMMITTEE (in fu		R PRINT ▼		mple: If typ r the lines.	ing, type	12FE4M	15	
Manufacturers Asisiocii ation of Central New York Tinic Fielderial PAG								
ADDRESS (number and s			<u>1 </u>	tieris	Parr			<u> </u>
reported. (ACĆ 2. FEC IDENTIFICAT] - [] :ODE ▲
July 15 Quarterly F October 15 Quarterly F Quarterly F January 31	RT (b) M R H ts: Report (Q1) (c) Report (Q2) Report (Q3) Report (YE) d-Year (MY) (d	Ionthly eport ue On: 12-Day PRE-Election Report for the Election Report for the POST-Election Report for the	REPORT =eb 20 (M2) Mar 20 (M3) Apr 20 (M4)	استا رستو	(12C)	(A	20 (M8) 20 (M9) 20 (M10) (12G) (12S) in th State	special (30S)
5. Covering Period D T ' D D' 2017 through D O ' B O' B								
Office Use Only			Lion may st				FEC FO Rev. 05	RM 3X

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2							
	rite or Type Committee Name									
L	Manufacturers Assoc	. of Central NY	Inc Federal PAC							
R	Report Covering the Period: From: 0,7 0,1 20,17 To: 0,9 3,0 2,0,17									
		COLUMN A This Period	COLUMN B Calendar Year-to-Date							
6.	(a) Cash on Hand January 1, 20,17									
	(b) Cash on Hand at Beginning of Reporting Period									
	(c) Total Receipts (from Line 19)	0.00	0.0.0							
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	6.6.0	0.00							
7.	Total Disbursements (from Line 31)	2.4.00								
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52,6.00	526.00							
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	600								
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

 \Box

Γ	EC Form 3X (Rev. 05/2016)	DETAILED SUMMARY PAGE of Receipts	Page 3							
Write	or Type Committee Name									
Ma	Manufacturers Assoc. of Central NY Inc. Federal PAC									
Repor	t Covering the Period: From:		09/3.6/2017							
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date							
	ntributions (other than loans) From:									
(a)	Individuals/Persons Other Than Political Committees									
	(i) Itemized (use Schedule A)	0-	\mathcal{D}^{\prime}							
	(ii) Unitemized	0-	0-							
	(iii) TOTAL (add									
	Lines 11(a)(i) and (ii)▶									
(1-)	Balling I Barta Comarina ao	$\bigcirc -]$								
(b) (c)										
(0)	(such as PACs)	0-	0 -							
(d)	Total Contributions (add Lines									
	11(a)(iii), (b), and (c)) (Carry									
	Totals to Line 33, page 5)	0								
	insfers From Affiliated/Other									
Par	rty Committees	0.5								
12 40	Loans Received	\wedge	<u> </u>							
13. All	LUANS RECEIVED									
14 1.03	an Repayments Received		5-1							
	sets To Operating Expenditures									
	efunds, Rebates, etc.)									
•	arry Totals to Line 37, page 5)	0-	D							
16. Rei	funds of Contributions Made		المحمد المسابع والانتهام والمسابع والمسابع والمسابع والمسابع والمسابع والمسابع والمسابع والمسابع والمسابع والم							
	Federal Candidates and Other									
	litical Committees									
	ner Federal Receipts		N-1							
-	vidends, Interest, etc.) Insfers from Non-Federal and Levin Funds									
	Non-Federal Account	·	ومحصوفة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والمتعاونة والم							
(4)	(from Schedule H3)	0-	0-							
(b)	Levin Funds (from Schedule H5)	0	0							
(c)	Total Transfers (add 18(a) and 18(b))		<u>D</u>							
19. Tot	tal Receipts (add Lines 11(d),									
12,	, 13, 14, 15, 16, 17, and 18(c))	0-	6-							
			ternetinenten 2º2nalis alternet∑timbur IIIIA a. Bargi							
	tal Federal Receipts									
(su	ubtract Line 18(c) from Line 19)►		<u> </u>							

-

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A Total This Period

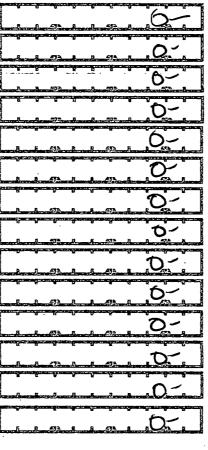
Page 4 COLUMN B

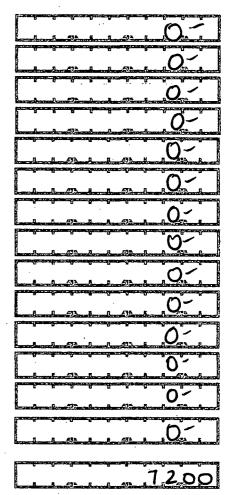
١

Calendar Year-to-Date

21.		erating Expenditures:	
	(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)	in and
		(i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
		Expenditures	
	(c)	Total Operating Expenditures	Same Particular
		(add 21(a)(i), (a)(ii), and (b))	
22.		nsfers to Affiliated/Other Party	-
		nmittees	
23.	Fed	tributions to eral Candidates/Committees Other Political Committees	
24.		ependent Expenditures	ĺ.
. . .	1000	Schedule F)	
25.	Coo	rdinated Party Expenditures	į.
	(use	U.S.C. § 30116(d)) 9 Schedule F)	
	•	-	
26.	Loa	n Repayments Made	
			Broan.
27.		ns Made	
28.	Refu (a)	unds of Contributions To: Individuals/Persons Other	lioner F
	/	Than Political Committees	XIII TO A
			1
	• •	Political Party Committees	
	(c)	Other Political Committees	1
		(such as PACs)	
	(d)	Total Contribution Refunds	
		(add Lines 28(a), (b), and (c))	
20	<u></u>	ar Disburgamenta (Includios	
∠9.		er Disbursements (Including	1
	NON	n-Federal Donations)	
30.	Fed	eral Election Activity (52 U.S.C. § 30101(20))
	(a)	Allocated Federal Election Activity	
		(from Schedule H6)	-
		(i) Federal Share	
			lane and
		(ii) "Levin" Share	
	(b)	Federal Election Activity Paid	in the second
		Entirely With Federal Funds	
	(c)	Total Federal Election Activity (add	
		Lines 30(a)(i), 30(a)(ii) and 30(b))	
			Linstalist
31.		al Disbursements (add Lines 21(c), 22,	1 11111
	23,	24, 25, 26, 27, 28(d), 29 and 30(c))	-
~~	- .		Base
32.		al Federal Disbursements	
	•	ptract Line 21(a)(ii) and Line 30(a)(ii)	Persona
	fron		

FEC Form 3X (Rev. 05/2016)



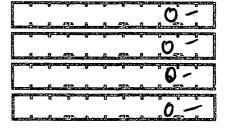


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24.00









DETAILED SUMMARY PAGE

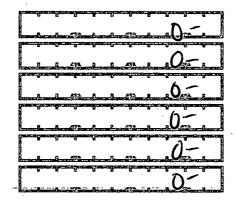
of Disbursements

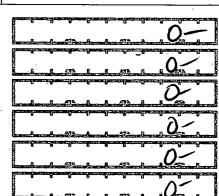
COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures

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





COLUMN B

Calendar Year-to-Date

Page 5

S	CHEDULE A (FEC Form 3X)		· · · · · · · · · · · · · · · · · · ·	FOR LINE NUMBER: PAGE OF				
	· · · ·		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12				
	_		Detailed Summary Fage					
	ny information copied from such Reports and Sta							
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
Z	Manufacturers Assoc			Inc. Federal PAC				
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name					
Α.	Mailing Address			Date of Receipt				
	City	State	Zip Code	- Sundand Sambard Samalandand				
				Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	ICI ,	<u><u><u> </u></u></u>	65				
	Name of Frankrise (for Individual)							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	Receipt For:	A	Viene de Dedr. W					
	Primary General	Aggregate	Year-to-Date V	e				
	Other (specify) ▼		n-	· ·				
		<u>6</u>						
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name					
В.				Date of Receipt				
	Mailing Address			M. M. M. A. D. B. D. I. L. A. B. B. A. B. B. A. B. B. A. B. B. A.				
	City	State	Zip Code					
	Ony	Olale		Amount of Each Respiret this Deviad				
	EEC ID number of contributing			Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		0-				
	· · · · · · · · · · · · · · · · · · ·							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General							
	Other (specify) V		$\underline{A} \cdot \underline{A} \cdot \underline{O} \underline{X} \cdot \underline{U} \underline{X} \cdot \underline{U} \underline{X} \cdot \underline{U} \underline{U} \underline{U} \underline{U} \underline{U} \underline{U} \underline{U} U$					
	Full Name of Individual (Last Circle Middle) 1-14		Vranzization Nome					
c.	Full Name of Individual (Last, First, Middle Initi	aij or ruli C	nganization mame	Date of Receipt				
	Mailing Address							
	· · · · · · · · · · · · · · · · · · ·							
	City	State	Zip Code					
				Amount of Each Receipt this Period				
	FEC ID number of contributing	C						
	federal political committee.	$\mathbf{\Sigma}_{\mathbf{i}}$						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
			· · · · · · · · · · · · · · · · · · ·					
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General		• <u></u>					
	Other (specify)							
	SUBTOTAL of Receipts This Page (optional)			\wedge				
Ľ			·····					
1	FOTAL This Period (last page this line number o	nly)		0-				
1		••		Constituted and Trian formation of Second second second second second				

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

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SC	HEDULE B (FEC Form 3X)	[· · · · · · · · · · · · · · · · · · ·						
	EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only	E NUMBER: PAGE OF				
			category of the Summary Page	21b	22 23 26 27				
_				28a	28b 28c 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na								
$\left[\right]$	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	Manufacturors Assoc	. of	Centra	INY	Inc. Federal PAC				
٨	Full Name (Last, First, Middle Initial)				Data of Diskurgement				
Α.			· · · · ·		· Date of Disbursement				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement				C				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ement For:		-764	6-				
	Senate President	Primary Other (spe	General cify) ▼						
	State: District:				Memo Item				
	Full Name (Last, First, Middle Initial)								
В.					Date of Disbursement				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement								
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ement For:		.,,,-	6-				
	Senate	Primary	General						
	State: District:	Other (spe	cify)		Memo Item				
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of Disbursement				
Υ.									
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement	С							
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For:		-76-	0-				
	Senate Primary				Tenerationalization? See the stimute of Second constraint Second second				
	State: District:	Other (spe			Memo Item				
SUBTOTAL of Disbursements This Page (optional)									
т	OTAL This Period (last page this line number only	TOTAL This Period (last page this line number only)							

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SCHEDULE C (FEC Form 3X)

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OANS			Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X					
NAME OF COMMITTEE (In Fi								
	· .	a a f Ca	ntral NY Inc. Federal PAC					
LOAN SOURCE Full Nam			Memo Item Election:					
	ie (Last, Filst, Mit		Primary					
Mailing Address			General Other (specify) ▼					
Mailing Address								
City		State	ZIP Code					
Original Amount of Loan		Cumulative Paym	ent To Date Balance Outstanding at Close of This Period					
·····	<u>_60</u> 2	والمسترات والمسترك ومسترك	<u> </u>					
TERMS Date Incurre			e Due Interest Rate Secured:					
			/ *************************************					
			% (apr) Yes No					
List All Endorsers or Gua		b Loan Source						
1. Full Name (Last, First, I	Viddle Initial)		Name of Employer					
Mailing Address			Occupation					
Maning Address								
City	State	ZIP Code	Amount					
			Guaranteed Outstanding:					
2. Full Name (Last, First, I	Middle Initial)		Name of Employer					
Mailing Address			Occupation					
Maning Address								
City	State	ZIP Code	Amount					
			Guaranteed Outstanding:					
3. Full Name (Last, First, I	Viddle Initial)		Name of Employer					
Mailing Address		<u> </u>						
Walling Address			Occupation					
City	State	ZIP Code	Amount					
			Guaranteed Outstanding:					
4. Full Name (Last, First, I	Middle Initial)		Name of Employer					
Mailing Address		······	Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period Thi	s Page (optional).		• 0.00					
TOTALS This Period (last pa	ge in this line only	/)						
Carry outstanding balance o	nly to LINE 3, Sch	nedule 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

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER						
Manufacturers Assoc of Ce	intral NYIncFe	AC CO.0.5.3291.1						
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)						
Full Name		and and a second s						
	1 h	6 <u>60</u>						
Mailing Address								
	Date Incurred or Established							
City State Zin Code								
City State Zip Code	Date Due							
		Granting in the second second second						
A. Has loan been restructured? No Yes	If yes, date originally incurred							
	Totol	forminged familieuri hereiterschauf						
B. If line of credit,	Total Outstanding							
Amount of this Draw:	DDD Balance:							
C. Are other parties secondarily liable for the debt incurre		······································						
	ist be reported on Schedule C.)							
D. Are any of the following pledged as collateral for the I		What is the value of this collateral?						
property, goods, negotiable instruments, certificates of								
stocks, accounts receivable, cash on deposit, or other		600						
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		What is the estimated value?						
collateral for the loan?	pecify:							
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. W. W. L. D. B. C. V. Y. B.								
	City, State, Zip:							
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan								
G. COMMITTEE TREASURER		DATE						
Typed Name								
Signature								
Li Attach a signed copy of the loss account								
H. Attach a signed copy of the loan agreement.								
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. 	rms of the loan and other inforn	nation regarding the extension of the loan						
II. The loan was made on terms and conditions (in		vorable at the time than those imposed for						
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that		s which assures repayment and has						
complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in maki	ng this loan.						
AUTHORIZED REPRESENTATIVE		DATE						
Typed Name		MENT / D B D / Proverse and						
Signature	le							

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i.

Supplementary for Information found on Page _____ of Schedule C

SCHEDULE D (FEC Form 3X)			<u> </u>		PAGE OF
DEBTS AND OBLIGATIONS		separate edule(s)	FOR LINE NUMBER:		
Excluding Loans			fo	each	(check only one) 9
NAME OF COMMITTEE (In Full)			Inumb	ered line)	10
	0.0				
Manufacturers Assoc	<u>. of C</u>	entral	INY	Inc.	tectera PAC
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of D	ebt (Purpose):
Mailing Address	•				
City	State	Zip Code			
City	Siale				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payn	nent This Period		Outstandir	ng Balance at Close of This Period
		C	\mathbf{DO}		0.00
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		· · · · · · · · · · · · · · · · · · ·	Naturo of D	ebt (Purpose):
D. Full Marine (Last, First, Middle Minital) of Debtor of	Cicanoi				ebi (ruipose).
Mailing Address					
City	State	Zip Code			
-		·			
Outstanding Balance Beginning This Period					
600					
Amount Incurred This Period	Pava	nent This Period		Outstandir	ng Balance at Close of This Period
	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>_</u>	<u>)0</u> 0		
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	······		Nature of D	ebt (Purpose):
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
6 <u>0</u> 0					
Amount Incurred This Period	Payn	nent This Period		Outstandir	ng Balance at Close of This Period
000		<u>م</u>	00		
	<u></u>			L	
					
1) SUBTOTALS This Period This Page (optional)			►		0.0.0
2) TOTALS This Period (last page this line number of	nly)		►		000
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	►	Louis Louis Louis	<u>.0.0</u> ,0
4) ADD 2) and 3) and carry forward to appropriate lir	e of Summar	y Page (last page	only)		000
		· · · · · · · · · · · · · · · · · · ·		Barran Barr	

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SCHEDULE E (FEC Form 3X)	SCHEDULE E (FEC Form 3X)							
ITEMIZED INDEPENDENT EXPENDITURES	TEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)	<u></u>		FEC IDENTIFICATION NUMBER ▼					
Manufacturers Assoc.	of Cen	trainyIr	COD532911					
Check if 24-hour report 48-hour report	New repo	Holeral	ort Aled on MEM / DED / YFYFYFY					
Full Name of Payee	Full Name of Payee							
	M 6 M / D 6 D / Y EY 6 Y EY							
Mailing Address			Amount					
City	State	Zip Code						
	State	Zip Obde						
Purpose of Expenditure		Category/	Date of Disbursement or Obligation					
		Туре						
Name of Federal Candidate:		Support	OfÀce Sought: House District:					
		Oppose	President Senate State:					
Calendar Year-To-Date Per Election for OfÀce Sought			Disbursement For:					
Full Name of Payee		Memo	tem Date of Public Distribution/Dissemination					
Mailing Address								
			Amount					
City	State	Zip Code						
			Date of Disbursement or Obligation					
Purpose of Expenditure		Category/ Type						
Name of Federal Candidate:		Support	OfÀce Sought: House District:					
		Oppose	President Senate State:					
Calendar Year-To-Date Per Election for OfAce Sought		000	Disbursement For: Primary General					
	<u></u>		Other (specify) ►					
(a) SUBTOTAL of Itemized Independent Expenditures	i		0.00					
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• 0.00					
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized							
			<u><u> </u></u>					
Signature		_ Dat	e in the second s					
		····	FEC Schedule E (Form 3X) Rev. 05/20					

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

	(To be	used only	by Po	litical Com	mittees in the Gene	eral Election	FOR L	INE 25 OF FORM 3X	
NA	NAME OF COMMITTEE (In Full)								
1	Janufacturers As:	50C. r	f	Centra	al NY Ir	nc. Fea	Jeral	PAC.	
	s your committee been designated to make		Full N	ame of Sub	ordinate Committee		¥ ¥		
cod	ordinated expenditures by a political party c	ommittee?							
H Y	YES NO		Mailin	g Address				· · · · · · · · · · · · · · · · · · ·	
			City				State	ZIP Code	
	Full Name (Last, First, Middle Initial) of Ea	ach Payee	L.,	<u> </u>	Memo Item	Purpose of	Expenditure		
	Mailing Address	<u> </u>						Category/ Type	
				- <u>T'</u>		Date			
	City	State		Zip Code		MTM			
	Name of Federal Candidate Supported	Office Soug	ht:	House	State:	Amount			
			H	Senate Presidential	District:			500	
	Aggregate General Election		<u> </u>		····	i Grandenadi			
	Expenditure for this Candidate ►		<u> </u>	<u></u> C	OO		•		
	Full Name (Last, First, Middle Initial) of Ea	Full Name (Last, First, Middle Initial) of Each Payee							
	Mailing Address							Category/ Type	
	······································					Date			
	City	State		Zip Code		M	/ <u>D</u> D		
	Name of Federal Candidate Supported	Office Soug	ht:	House	State:	Amount			
			\vdash	Senate Presidential	District:			644	
	Aggregate General Election	<u> </u>				L.	<u></u>	0.0.0	
	Expenditure for this Candidate		<u>в. </u>	<u> </u>	0.0				
	Full Name (Last, First, Middle Initial) of E	ach Payee			Memo Item	Purpose of	Expenditure		
								Catagori	
	Mailing Address					1		Category/ Type	
	City	State		Zip Code		Date	-		
	City	Siale				MTM			
	Name of Federal Candidate Supported	Office Soug	ht:	House	State:	Amount		an sheki wana shunga Timon sh	
				Senate Presidentia	District:		<u> </u>		
	Aggregate General Election								
	Expenditure for this Candidate		koo alaa,		200			•	
	<u>L</u>								
s	UBTOTAL of Expenditures This Page (optic	onal)			••••••		مقرم مقرورة (عمر	<u>6 0 0</u>	
-	OTAL This Pariod (last page this line sumt				· · · · · ·			())	
1 '	OTAL This Period (last page this line numb	/er only)	••••••		····· •	in a second			

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

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

lanufacturers Assoc. of Central NY Inc. Federal PAC USE ONLY ONE SECTION, A or B A. State and Local Party Committees Fixed Percentage (select one) Presidential-Only Election Year (28% Federal) Presidential and Senate Election Year (36% Federal) Senate-Only Election Year (21% Federal) Non-Presidential and Non-Senate Election Year (15% Federal) **B.** Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal..... Nonfederal This ratio applies to (check all that apply): Generic Voter Drive Administrative Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

		PAGE OF		
۱L	LOCATION RATIOS	PAGE OF		
NAME OF COMMITTEE (In Full)				
Р	lanutacturers Assoc. of Central NY The Fea	Jera PAC		
	ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT TIVITIES APPEARING ON THIS REPORT.	•		
Me	thods of allocation:			
	I. FUNDRAISING activities are allocated using the "funds received method" where the federal prop expenses must equal the federal proportion of monies raised.	ortion of		
	II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candid tivity. For PACs Only: Direct candidate support includes public communications or voter drives t federal and nonfederal candidates, regardless of whether there is a reference to a political party are allocated using a time/space method.	ates from the ac- hat refer to both		
	ACTIVITY OR EVENT IDENTIFIER			
	ACTIVITY IS:	NONFEDERAL %		
	Fundraising Direct Candidate Support	%		
	CHECK IF THE RATIO IS: New Revised Same as Previously Reported			
	ACTIVITY OR EVENT IDENTIFIER			
	ACTIVITY IS: FEDERAL %	NONFEDERAL %		
	Fundraising Direct Candidate Support	%		
	CHECK IF THE RATIO IS:			
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %		
	CHECK IF THE RATIO IS:	%		
	New Revised Same as Previously Reported			
•	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %		
	ACTIVITY IS:			
	Fundraising Direct Candidate Support	%		
	CHECK IF THE RATIO IS:	•		
	FEDERAL %	NONFEDERAL %		
	ACTIVITY IS:			
. •	CHECK IF THE RATIO IS:	%		
	New Revised Same as Previously Reported	•		
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %		
	CHECK IF THE RATIO IS:	%		
	New Revised Same as Previously Reported			

FEC Schedule H2 (Form 3X) Rev. 05/2016

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

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Manufacturers Assoc. of Central	NN TAC Federal PAC
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	•
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
	Desares (Construction of Construction of Const
ii) Generic Voter Drive	000
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
li tanta de la CO	51
a)QQ	
b)	.0
c) Total Amount Transferred For Direct Fundraising	000
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	
b)	
N T tot Amount To a (Guid To Direct One Witch Owned)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	OOO
TOTALS FOR BREAKDOWN OF TRANSFER RECE	
TOTAL This Period (Administrative)	000
line and the second	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	Ω
TOTAL This Period (Direct Fundraising)	OD D
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	660

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FEC Schedule H3 (Form 3X) Rev. 05/2016

SC	HEDULE H4 (FEC Form 3X)				
	SBURSEMENTS FOR ALLOCA DERAL/NONFEDERAL ACTIVI				PAGE OF FOR LINE 21a OF FORM 3X
NA	ME OF COMMITTEE (In Full)		-	•	
N	lanufacturers As	STC.	of Cen	tral N	YInc Federal PAC
A.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address	Administrative Fundraising Exempt			
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	·				[
	Activity or Event Identifier:			Cotocont	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	000			000	6.60
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
2.			_		Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	-	<u> </u>			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	000			000	000
c.	Full Name (Last, First, Middle Initial)		-7/	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
	Dumono of Dishumomonti			;;;;;;;	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				000
	Activity or Event Identifier:			ال	
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	000			<u>00</u> 0	C.Q.
S	JBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	000	_		0.0.0	660
Ť	OTAL This Period (last page for each line only)	Federal shar	e to 21(a)(i) and		
	FEDERAL SHARE		NONFEDERAL	SHARE	
	0.00			0.00	600

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

SCHEDULE H5 (FEC Form 3X) TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY PAGE OF (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) entral N turers anut 41 NAME OF ACCOUN RECEIP ERRED <u>00</u>0 BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID 00 Total Amount Transferred for Voter ID GOTV iii) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity 00 D Total Amount Transferred for Generic Campaign Activity NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration VOTER ID ii) Voter ID

Total Amount Transferred for Voter ID GOTV iii) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity 600 Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (GOTV)
TOTAL This Period (Generic Campaign Activity)
TOTAL This Period (Total Amount of Transfers Received)

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

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS						
	FOR ALLOCATED FEDERAL ELECTION ACTIVITY					
(To be used by State, District and Local Party Committees Only) FOR LINE 30a OF FORM 33						
NAME OF COMMITTEE (In Full)						
Manufacturers	Assoc. of Ca	entra (NY In				
A. Full Name (Last, First, Middle Initial) /	Full Organization Name	Memo Item Type of Allocate	ed Activity or Event: stration GOTV			
Mailing Address		Allocated A	ctivity or Event Year-To-Date			
City S	tate Zip Code		000			
Purpose of Disbursement		Category/ Type Date	/ 0.00 / 7.007.07			
FEDERAL SHARE	+ LEVIN SH		TOTAL AMOUNT			
00	D	C <u>C O</u>	00.0			
B. Full Name (Last, First, Middle Initial) /	Full Organization Name	Memo Item Type of Allocate	ed Activity or Event:			
		Voter Regi	stration GOTV Generic Campaign			
Mailing Address		Allocated A	ctivity or Event Year-To-Date			
			600			
City S	tate Zip Code					
Purpose of Disbursement		Category/ Type Date				
FEDERAL SHARE	FEDERAL SHARE + LEVIN SHARE					
			0.0.0			
C. Full Name (Last, First, Middle Initial) /	C. Full Name (Last, First, Middle Initial) / Full Organization Name					
Mailing Address		Allocated A	ctivity or Event Year-To-Date			
City	tate Zip Code					
Purpose of Disbursement		Category/ Data				
		Type Date				
FEDERAL SHARE	LEVIN SH					
SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE						
TOTAL This Period (last page for each line of	رو ي بياني (يُستاني السيامي) السيك	d Levin share to 30(a)(iii)	000			
FEDERAL SHARE						
00		ARE				
TOTAL This Period for the Levin Share		000				

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

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

NAME OF COMMITTEE (IN Full) Manufacturers Assoc of Central NY Inc Federal PAC					
NAME OF ACCOUNT					
. <u></u>	······································	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		0		
	(b) Unitemized	6-	0-		
	(c) Total	0			
2.	OTHER RECEIPTS		0-		
3.	TOTAL RECEIPTS (Add Lines 1c and 2)	0-	0-		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration	0			
	(b) Voter ID	0	0-		
	(c) GOTV	0			
	(d) Generic Campaign	0-	0		
	(e) Total	0 -	0-		
5.	OTHER DISBURSEMENTS	0			
6.	TOTAL DISBURSEMENTS		0-		
7.	BEGINNING CASH ON HAND	.0	0,-		
8.	RECEIPTS (from Line 3)	0-	0-		
9.	SUBTOTAL (Add Lines 7 and 8)	0			
10.	DISBURSEMENTS	0			
11.	ENDING CASH ON HAND		0		

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SCHEDULE L-A (FEC Form 3X)			PAGE OF	
ITEMIZED RECEIPTS OF LEVIN FUNDS		Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: 12 (check only one) 12	
Ar or	y information copied from such Reports and Statements may for commercial purposes, other than using the name and ac	y not t ddress	be sold or used by any person of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Manufacturers Assoc		Y Federal PAC	
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
		Sidle		0.00
	Name of Employer (for Individual)		· · ·	Aggregate Year-to-Date
	Occupation (for Individual)		·	6.60
	Full Name of Individual (Last, First, Middle Initial) or Full Or	rganiza	tion Name 🗌 Memo Item	Date of Receipt
В.	Mailing Address			MTM / DTD / YTYTYTY
	Mailing Address			Amount of Each Receipt this Period
		State	Zip Code	00.0
	Name of Employer (for Individual)	Aggregate Year-to-Date		
	Occupation (for Individual)	6.00		
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item		tion Name 🗌 Memo Item	Date of Receipt
0.			·	
	Mailing Address	ing Address		Amount of Each Receipt this Period
	City	State	Zip Code	66.6
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)	660		
D.	Full Name of Individual (Last, First, Middle Initial) or Full Or	rganiza	tion Name 🗌 Memo Item	Date of Receipt
υ.	failing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	-		<u>C 0.0</u>
	Occupation (for Individual)			Aggregate Year-to-Date
				0.00
5	UBTOTAL of Receipts This Page (optional)		▶	000
1	OTAL This Period (last page this line number only)	•	0.0.0	

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¢/	CHEDULE L_B (EEC Form 2V)		r 	<u>, </u>	
IT	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: PAGE OF (check only one) 4a 4c 5 4b 4d 4d	
	ny information copied from such Reports and Stateme for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) Manufactures A	550X	c. of Centra	1 NY Federal PAC	
Α.	Full Name (Last, First, Middle Initial) / Full Organizat	ion Name	🗌 Memo Item	Date of Disbursement	
	Mailing Address				
	City	ate	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement		I	000	
в.	Full Name (Last, First, Middle Initial) / Full Organizat	🗌 Memo Item	Date of Disbursement		
	Mailing Address				
	City Sta	ate	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement		1		
C.	Full Name (Last, First, Middle Initial) / Full Organiza	Date of Disbursement			
	Mailing Address				
	City	ate	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement	660			
D.	Full Name (Last, First, Middle Initial) / Full Organiza	Date of Disbursement			
	Mailing Address				
	City	ate	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement			000	
Е.	Full Name (Last, First, Middle Initial) / Full Organiza	tion Name	. Memo Item	Date of Disbursement	
	Mailing Address				
	City . St	ate	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement			<u> </u>	
	SUBTOTAL of Disbursements This Page (optional)		·····	C <u>C</u> D	
1	TOTAL This Period (last page this line number only)		····· Þ	000	

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Syracuse, NY 13214

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