## 28039761641

FEC FORM

## STATEMENT OF ORGANIZATION

RÉCEIVED FEC MAIL CENTER

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Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if na x is changed)	•	e:If typing, type lines.	12FE4M5	
Ma n uf a c t u r	er&Bu,s	iness	Associ	aţio	n <sub>i</sub> P <sub>i</sub> o,l <sub>i</sub> ţţţc <sub>l</sub> aj
A <sub>i</sub> c <sub>i</sub> t <sub>i</sub> i o n C o m m	ittee (	MBA-PAC)	<u></u>		
ADDRESS (number and street)	2 1 7 <u>1</u> : W	est_38th	Street		
(Check if address is changed)		<u> </u>		<u> </u>	
	Enie 1	<u> </u>		PA	126:5:0.8-
COMMITTEE'S E-MAIL ADDRES	ss	CITY		STATE	ZIP CODE
	<u> </u>			<u> </u>	
					<u> </u>
COMMITTEE'S WEB PAGE ADD	RESS (URL)				
<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
COMMITTEE'S FAX NUMBER					
81483848	<u>4</u> 4				
2. DATE : 0 .6 . 1 .8	37 / 1/2 / 1/3 3				
3. FEC IDENTIFICATION NU	MBER	C <sub>0</sub> 0.1 9.			
4. IS THIS STATEMENT	NEW (N)	OR x	AMENDED (A)		
I certify that I have examined thi	s Statement and to	the best of my know	wledge and belief it	is true, correct	and complete.
Type or Print Name of Treasurer	Ralph J	Pontillo			on paggananana
Signature of Treasurer				Date 0 6	2.5 2008
NOTE: Submission of false, erroned	ous, or incomplete info				the penalties of 2 U.S.C. §437g.
Office Use Only		Fed Toll	further information coloral Election Commission Free 800-424-9530 al 202-694-1100		FEC FORM 1 (Revised 12/2007)

FE	C For	m 1 (Revised 12/2007)	Page 2
		OMMITTEE Committee:	
(a)	·- ;	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	: ,,	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name o		<u> </u>	<u>i </u>
Candid Party A		Office  Sought: House Senate President	State
(c)	7. E	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	mittee:	
(d)	·:	· · · · · · · · · · · · · · · · · · ·	emocratic, publican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
			abor Organization
		Membership Organization X Trade Association	Cooperative
(f)	rac July	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	raising Representative:	1000
(a)	- : l	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser .	
	1.	FEC ID number C	·
	2.	FEC ID number C	
	3.	FEC ID number C	·· · · · · · · · · · · · · · · · · · ·
	4.	FEC ID number C	
	5.	FEC ID number C	

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Write or Type Committee Na	ame	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Leadership PAC Sponsor of	or Joint Fundralsing Representative
Manufact	urer&BusinessAssocia	t i o n
		<u> </u>
Mailing Address	2:171 West 38th Stree	<u> </u>
	E r'i e'; :	P.A 1.6.5.0 8-1
·	CITY S	TATE ZIP CODE
Relationship:		
XConnected Organizat	ion Affiliated Committee Leadership PAC Sponsor	Joint Fundraising Representative
<ol> <li>Custodian of Records: I books and records.</li> </ol>	Identify by name, address (phone number optional) and position of	of the person in possession of committee
Full Name T.r.	e as u·rie n   i i ·   · : · · : · : · : ·	<u> </u>
Mailing Address	<u> </u>	<del></del>
	<u> </u>	
		<u> </u>
Title or Position	CITY STA	ATE ZIP CODE
	Telephone number	· · · · · · · · · · · · · · · · · · ·
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the corg., assistant treasurer).	nmittee; and the name and address of
any designated agent (e.g	and address (phone number optional) of the treasurer of the corg., assistant treasurer). $ \frac{1\cdot p\cdot h\cdot J\cdot P\cdot o\cdot n\cdot t\cdot i\cdot 1\cdot 1\cdot o}{1\cdot p\cdot h\cdot J\cdot P\cdot o\cdot n\cdot t\cdot i\cdot 1\cdot 1\cdot o} $	
any designated agent (e.g	g., assistant treasurer).	<u></u>
any designated agent (e.g)  Full Name of Treasurer $R:a$	g., assistant treasurer).  1: ph:J:P:o:n:tillo::::::::::::::::::::::::::::::::::	<u></u>
any designated agent (e.g)  Full Name of Treasurer $R:a$	g., assistant treasurer).  1. p h ; J; P;o:n:t i 1 1 o	<u> </u>
any designated agent (e.g) Full Name of Treasurer $R:a$	g., assistant treasurer).  1. p h ; J; P;o:n:t i 1 1 o	-t
any designated agent (e.g)  Full Name of Treasurer  Mailing Address  Title or Position	g., assistant treasurer).  1. p h : J: P:o:n:t i: 1 l o	- <u>t                                     </u>

9.

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Full Name of Designated Agent LDLa.n.	iellE:McMaho	' <b>n</b>	
Mailing Address	2.1.7.1   West   3.8	Sth   Sitirie	<u>t                                    </u>
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	Erie CITY	STA	PA 1 6 5 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Title or Position			
Vice: Pirie	siden!ti::	Telephone number	8 <sub>1</sub> 1 4 -   8 : 3 <sub>1</sub> 3 -   3 : 2: 0, 0
safety deposit boxes or main Name of Bank, Depository,	etc.		
<u>E r 1</u>	e Generial El	<u>ectrilici i i</u>	<u> </u>
Mailing Address	2:1:5 4 E a s t L	-k e R'o'a-d	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	Errie		PA 1:6511-
	CITY	STA	TE ZIP CODE
Name of Bank, Depository,	etc.		
		<u> </u>	
Mailing Address		<u> </u>	<u>:                                    </u>
-		<u> </u>	<u> </u>
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	CITY	STA	TE ZIP CODE

	. <u>"</u>
3	Federal Election Commission  LOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  dded this page to the end of this filing to indicate how it was received.
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	Next Business Day Delivery
Received	Date of Receipt from House Records & Registration Office
Received	Date of Receipt from Senate Public Records Office
Received	Date of Receipt from Electronic Filing Office
Other (S	Date of Receipt or Postmarked pecify):
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