

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 MAR 29 AM 9:10
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) 5788 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

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

John F. Osta

Date M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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NON-CONFIDENTIAL 001478222

**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:

MM ' DD ' YYYY
11 ' 29 ' 2016

To:

MM ' DD ' YYYY
12 ' 31 ' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016	694.00	694.00
(b) Cash on Hand at Beginning of Reporting Period.....	614.00	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	16.00	9.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	598.00	598.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

2017-01-29 14:00:14

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

To:

MM / DD / YYYY

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-

NON-FEDERAL ACCOUNT

DETAILED SUMMARY PAGE
of Disbursements

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)	16.00	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))	16.00	96.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16.00	96.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	16.00	96.00

NON-FEDERAL DONATIONS

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-CONFIDENTIAL

**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"/> 17
<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

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 ▼ **000**

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period **000**

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 ▼ **0.00**

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period **000**

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 ▼ **000**

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period **000**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **000**

TOTAL This Period (last page this line number only).....▶ **000**

2017-01-10 10:00:00 AM

**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

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 (Last, First, Middle Initial)

<p>A.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>000</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Category/Type</p>		

<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>000</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Category/Type</p>		

<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>000</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Category/Type</p>		

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

000

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

000

COUNTDOWN

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
000	000	000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M M / D D D / Y Y Y Y Y Y Y	M M M / D D D / Y 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

SUBTOTALS This Period This Page (optional).....▶	000
TOTALS 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.

2017-01-10 10:00:00 AM

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

Supplementary for
 Information found on
 Page ___ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Manufacturers Assoc of Central NY Inc Fed PAC			FEC IDENTIFICATION NUMBER 00532911		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 000		Interest Rate (APR) 000 %	
Mailing Address			Date Incurred or Established M M / D D / Y Y Y Y Y Y		
City		State	Zip Code	Date Due M M / D D / Y Y Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

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: M M / D D / Y Y Y Y Y Y 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		DATE M M / D D / Y Y Y Y Y Y	
Signature			

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		DATE M M / D D / Y Y Y Y Y Y	
Signature	Title		

2017-01-20 10:00:14 8890

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

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"/>

2017-03-20 14:44:51

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Manufacturers Assoc. of Central NY Inc	FEC IDENTIFICATION NUMBER ▼ C00532911
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report > <input type="checkbox"/> New report	Federal PAC Amends report Filed on <input type="text"/> / <input type="text"/> / <input type="text"/>

2014-01-20 10:00:00

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/> 000
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	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 <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/> 000
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 000	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 000
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/> 000
(c) TOTAL Independent Expenditures	<input type="text"/> 000

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 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) Manufacturers Assoc. of Central NY Inc. Federal PAC					
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		Category/Type
Mailing Address			Date		
City	State	Zip Code	M M M / D D D / Y Y Y Y Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
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		Category/Type
Mailing Address			Date		
City	State	Zip Code	M M M / D D D / Y Y Y Y Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
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		Category/Type
Mailing Address			Date		
City	State	Zip Code	M M M / D D D / Y Y Y Y Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶			000		
SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					

2014-01-20 10:00 AM

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

NON : ON : NO : ON : 00 : 14 : 88 : 94

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

2017-01-20 10:00:14 8895

**SCHEDULE H3 (FEC Form 3X)
 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 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)	

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

2017-03-29 00:44:48

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:

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt

Activity or Event Identifier: Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 000

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

000 + 000 = 000

B. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt

Activity or Event Identifier: Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

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:

Mailing Address

City State Zip Code

Purpose of Disbursement: Administrative Fundraising Exempt

Activity or Event Identifier: Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

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)(iii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

000 + 000 = 000

2014-01-10 10:00:00 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	

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... **0.00**
- ii) **Voter ID**
Total Amount Transferred for Voter ID **0.00**
- iii) **GOTV**
Total Amount Transferred for GOTV **0.00**
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity **0.00**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	0.00

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... **0.00**
- ii) **Voter ID**
Total Amount Transferred for Voter ID **0.00**
- iii) **GOTV**
Total Amount Transferred for GOTV **0.00**
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity **0.00**

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration)..... 0.00**
- TOTAL This Period (Voter ID) 0.00**
- TOTAL This Period (GOTV)..... 0.00**
- TOTAL This Period (Generic Campaign Activity)..... 0.00**
- TOTAL This Period (Total Amount of Transfers Received)..... 0.00**

2017-01-20 14:48:08

**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)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000		<input style="width: 100%; border: 1px solid black;" type="text"/> 000
TOTAL This Period for the Levin Share				

2017-03-20-001448800

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

2017-01-20 10:00 AM

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	000	000
(b) Unitemized	000	000
(c) Total	000	000
2. OTHER RECEIPTS	000	000
3. TOTAL RECEIPTS	000	000
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	000	000
(b) Voter ID	000	000
(c) GOTV	000	000
(d) Generic Campaign	000	000
(e) Total	000	000
5. OTHER DISBURSEMENTS	000	000
6. TOTAL DISBURSEMENTS	000	000
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	000	000
(for Column B, use cash as of January 1st)		
8. RECEIPTS	000	000
(from Line 3)		
9. SUBTOTAL	000	000
(Add Lines 7 and 8)		
10. DISBURSEMENTS	000	000
(From Line 6)		
11. ENDING CASH ON HAND	000	000
(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

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

A.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

B.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

C.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

D.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

2017-01-10 10:00:00 AM

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

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

A.			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/> 000

B.			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/> 000

C.			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/> 000

D.			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/> 000

E.			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/> 000

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

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

<input type="text"/> 000
<input type="text"/> 000

2017-03-20 14:48:22

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <u>3/13/17</u> Date of Receipt <u>3/29/17</u>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER
DATE PREPARED 3/29/17

2017-03-29 10:44:44