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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Managed Funds Association Political Action Committee 600 14th Street, NW ADDRESS (number and street) Suite 900 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mfapac@managedfunds.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.managedfunds.org (Check if address is changed) DATE 03 2017 C00306894 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Costantino, Lou, , Mr., Type or Print Name of Treasurer Costantino, Lou, , Mr., [Electronically Filed] 04 03 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC FA	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye Z				
Can	ndidate	date 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. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(D				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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_	FEC Form 1 (Revised (Vrite or Type Committee Name	, , , , , , , , , , , , , , , , , , ,		Page 3
	•	s Association Politica	al Action Committee	
6.			nt Fundraising Representative, or Leaders	ship PAC Sponsor
	- -		and along roprosentation of a section	р.: 710 оролоо.
L	lanaged Funds Asso			
L				
	Mailing Address	600 14th Street, NW		
		Suite 900		
		Washington	DC 20005	
		CITY	STATE	ZIP CODE
	Relationship: x Connected	d Organization Affiliated Committee	Joint Fundraising Representative Lea	adership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the person in pos	ssession of committee
	Costantino Full Name	o, Lou, , Mr.,		
		600 14th Street, NW		
	Mailing Address	Suite 900		
		Washington	DC 20005	
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer		Telephone number 202	730 - 2600
8.	Treasurer: List the name and any designated agent (e.g., a		the treasurer of the committee; and the na	me and address of
	Full Name Costantino of Treasurer	, Lou, , Mr.,		
	Mailing Address	600 14th Street, NW		
		Suite 900	<u> </u>	
		Washington	DC 20005	
	Til. B. 11	CITY	STATE	ZIP CODE
	Title or Position Treasurer		Telephone number 202	730

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Full Name of Designated	Landers, David, , ,	
Agent Mailing Address	600 14th Street, NW	
-	Suite 900	
	Washington DC 20005	
Title or Position	CITY STATE	ZIP CODE
Assistant Treas	surer Telephone number 202 - L	730 - 2600
	oxes or maintains funds.	olds accounts, rents
safety deposit be Name of Bank, I Mailing Address	PNC Bank	
Name of Bank, I	PNC Bank	
Name of Bank, I	PNC Bank	
Name of Bank, I	PNC Bank P.O. Box 339	
Name of Bank, I	PNC Bank P.O. Box 339 Pittsburgh PA 15230 CITY STATE	
Name of Bank, I	PNC Bank P.O. Box 339 Pittsburgh PA 15230 CITY STATE	
Name of Bank, I	PNC Bank P.O. Box 339 Pittsburgh CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	PNC Bank P.O. Box 339 Pittsburgh CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	PNC Bank P.O. Box 339 Pittsburgh CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This report is being amended to update the Treasurer, Assistant Treasurer and the Custodian of Record for MFA-PAC.

Form/Schedule: Transaction ID: