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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 MAR 13 AM 8: 01

- Collice Use Ont FATER

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

||-|-|-

COMMITTEE (IN TUII)		over the lines.	2.25.52.4	
Manufacture	rs. Associa	ation of	: Central 1	New York
Inc Federal	PAC		<u> </u>	
ADDRESS (number and street)	57.88 Wide	vaters f	Parkway	
Check if different than previously		1 1 1 1 1 1 1		
reported. (ACC)	Syracuse		_ N.Y 13.	21.41-
2. FEC IDENTIFICATION NUM	MBER ▼ CITY	A	STATE A	ZIP CODE A
00053291	3. IS	THIS NEW	V AMENDE	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:		20 (M5) Aug 20 (M8	(Non-Election Year Only)
(a) Quarterly Reparts:	Mar 20		20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) Jul 2	20 (M7) Oct 20 (M10	D) Jan 31 (YE)
Quarterly Report (Q1 July 15	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (12C	Special (12S)	
Quarterly Report (Q3)	AL SAME A CO	$\mathbf{p}_{i,j} = \mathbf{A}_{i,j} \cdot \mathbf{A}_{i,j} \cdot \mathbf{A}_{i,j} \cdot \mathbf{A}_{i,j} \cdot \mathbf{A}_{i,j} \cdot \mathbf{A}_{i,j}$	in the
January 31 Year-End Report (YE	Election	on	The same became an experience from the one communication of the same state of	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	_	GWI y sweeterweep Sweeters some	in the State of
5. Covering Period Ö 7	01 2013	through	2 31 20) 13
I certify that I have examined this	Report and to the best of m	y knowledge and belie	ef it is true, correct and comp	lete.
Type or Print Name of Treasurer		Osta		t kan - Andreidel - What van 'n Nadermandel kan am ondelenman.
Signature of Treasurer	For		Date 03 (04/2014
NOTE: Submission of false, erroned	ous, or incomplete information r	nay subject the person	sig ling this Report to the pena	ities of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assoc. of Contral NY Inc. Federal PAC

ΙĹ

Report Covering the Period:

07 01 2013 70: 12 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013	·	, , , , , , , , , , , , , , , , , , , ,
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Pleceipts (from Line 19)	000	7
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, <i>O</i> C\O	
7.	Total Disbursements (from Line 31)	, OCO	,
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		, , <i>0</i> 00
9.	Debts and Obligations Owed TO the Committee (Iteratize all on Schedule C and/or Schedule D)	, OOO	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	
-	This committee has qualified as a mult	icandidate 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. 06/2004)

Page 3

Write or Type Committee Name

Monufacturers Assoc of Central NY Inc. Federal PAC

Report Covering the Period: From: 07 01 2013 To: 12 31 2013

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees	The state of the s	
	(i) Itemized (use Schedule A)	000	000
	(ii) Unitemized(iii) TOTAL (add		\mathcal{O}_{00}
	Linas 11(a)(i) and (ii)	O()	, 000
	(b) Political Party Committees	\mathcal{O} CO	000
	(c) Other Political Committees	OCO	000
	(such as PACs)(d) Total Contributions (add Lines		COO
	11(a)(iii), (b), and (c)) (Carry	The second secon	and the second s
	Totals to Line 33, page 5)▶	O(C)	, 000
	Transfers From Affiliated/Other	The second of th	A CONTRACTOR OF THE CONTRACTOR
	Party Committees	$\mathcal{O}_{\mathcal{C}}\mathcal{O}_{\mathcal{C}}$, , , 000
3.	All Loans Received	$\mathcal{O}\mathcal{C}\mathcal{O}$, , , , , , , , , , , , , , , , , , ,
4.	Loan Repayments Received	$\mathcal{O}(O)$	000
	Offsets To Operating Expenditures	the control of the co	The second section is the second second
	(Refunds, Flebates, etc.)	The second of th	
	(Carry Totals to Line 37, page 5)		$\mathcal{O}_{\mathcal{O}}$
	to Federal Candidates and Other	in the service of the property of the contract of the service of t	The Committee of the Second Committee of
	Political Committees	$\mathcal{O}(0)$	\sim 000
	Other Federal Receipts	Contract to the contract of the part of the part	
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	$\mathcal{O}(0)$	<i>, .</i>
	(a) Non-Federal Account	 On a program to the public terms of the program of th	The second state of the se
	(from Schedule H3)	O(00)	, 000
			000
	(b) Levin Funds (from Schedule H5)	The grant will be seen a control of the control of	Commence of the contract of th
	(c) Total Transfers (add 18(a) and 18(b))	OC O	000
9.	Total Receipts (add Lines 11(d),	e de la companya della companya della companya della companya de la companya della companya dell	and the second second second second second
	12, 13, 14, 15, 16, 17, and 18(c))	O(0)	, 000
.O.	Total Federal Receipts	The state of the s	The second secon
	(subtract Line 18(c) from Line 19)▶	000	000

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		II. Disbursements	COLUMN A Total This Reriod	COLUMN B
21.	Op	erating Expenditures:	Total This Period	Calendar Year-to-Date
	(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)	and the second second second	and the second of the second o
		(i) Federal Share	, , , , , , , , , , , , , , , , , , ,	, , ,
		(ii) Man Fordayal Chara		
	(b)	(ii) Non-Federal Share Other Federal Operating	\mathcal{C}	\mathcal{O} .
	(0)	Expenditures	\Diamond	
	(c)	Total Operating Expenditures	$\underbrace{\hspace{1cm}}_{i_1,i_2,\dots,i_{k+1},\dots,i_{$	
	• •	(add 21(a)(i), (a)(ii), and (b))▶	\bigcirc	<u>(</u>
22.		nsfers to Atlibated/Other Party		
23.	Col	mmittersntributions to		· · · · · · · · · · · · · · · · · · ·
	Fed	deräl Candidates/Committees J Other Political Committees		6
24.		epetident Expenditures	The second state of the second	
	(us	Schedule E)		
25.	Cod	ordinated Party Expenditures U.S.C. §441a(d))	San	de la companya de la La companya de la co
	(us	e Schedule F)		
00		on Danasana Atada		
26.	LOE	an Repayments Made		
27.	Loa	ns Made	\wedge	· ·
28.	Ref	lunds of Contributions To: Individuals/Persons Other		\mathcal{F}_{i_1,i_2} \mathcal{F}_{i_1,i_2} \mathcal{F}_{i_1,i_2} \mathcal{F}_{i_2,i_3} \mathcal{F}_{i_1,i_2} \mathcal{F}_{i_2,i_3} \mathcal{F}_{i_1,i_2}
	(6)	Than Political Committees		, O
	(b)	Political Party Committees		
	(c)	Other Political Committees (such as PACs)		()
		(Sugir as Trios)	The state of the state of the state of	The second secon
	(d)	Total Contribution Refunds	Tangoni, Shining terminal of 📻 write view	The second of th
		(add Lines 28(a), (b), and (c))▶	of the second se	O-,
-	~	Dishuman manta	The state of the s	The second secon
29.	Oth	er Disbursements	But a first factor of the second	The second second second second second second
30.	Fed	deral Election Activity (2 U.S.C. §431(20))		
		Allocated Federal Election Activity		
		(from Schedule H6)	Stranger of the stranger of th	The state of the s
		(i) Federal Share	The second consequence of the Consequence	- Angles (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (19
		(ii) "Levin" Share	6	
	(b)	Federal Election Activity Paid Entirely		
	\-,	With Faderal Funds		0
	(c)	Total Federal Election Activity (add		
		Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Programme Sommer States Services	and the second s
21	Total	al Disbursements (add Lines 21(c), 22,		
J1.		24, 25, 26, 27, 28(d), 29 and 30(c))		
			the second section of the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the section in the section in the section is the section in the section	Charles and the second
32.	Tota	al Federal Disbursements		
	-	btract Line 21(a)(ii) and Line 30(a)(ii)	The second of th	ang manakang mga katawa at sa panganan sa
	fror	n Line 31)	,	organisa kan kan baran 💪 🔎 ilang kan baran kan baran baran kan baran b

DETAILED SUMMARY PAGE

of Disbursements

36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶

9	CHEDULE A (FEC Form 3X)			500 LINE NUMBER 50.05 65
			Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
17	EMIZED RECEIPTS		for each category of the	11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
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6	ny information copied from such Reports and r for commercial purposes, other.than using.th	Statements ma a name and a	ly not be sold or used by any e ddress of any political committee	to solicit contributions from such committee
F	NAME OF COMMITTEE (In Full)			
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1/	"Illianutarture A	15CM	of Central	NY Inc. Federal PAC
V	Full Name (Last, First, Middle Initial)		U CIIIIAI	THE TOTAL THE
A.	• • • • • • • • • • • • • • • • • • • •			Date of Receipt
	Mailing Address	· · · · · · · · · · · · · · · · · · ·		"M", M, 1 + P = B, 1 + A + A, A = A, .
	City	State	Zip Code	
	·		·	Amount of Each Receipt this Period
	FEC ID number of contributing	11		
	federal political committee.	С		O
		10 (17 kg N.19)	e mengangah sambah diguntuk di sebagai di	
	Name of Employer	Occupation		7
				_
	Receipt For:		Year-to-Date ▼	
	Primary General	1 .	ra un la majorgemento de l'antistame de l'alternative de l'antistame de l'alternative de l'	1
	Other (specify)		. O	
-				
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			(A. A. A. A. Q. Q. Y. A.
				🚽 i kan kalendari da kan da k
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	C		1 .
	federal political committee.	¥,,,,	, estimate the second of the second	9 On
	Name of Employer	Occupation		-
	• •			
	Receipt For:	Accregate	Year-to-Date ▼	┪
	Primary General	Aggregate	real-to-bate v	
	Other (specify) W	1 (, 0	
	Name of	A section in the	The second of the second second	·]
	Full Name (Last, First, Middle Initial)		· ·	
C.				Date of Receipt
	Mailing Address			Color dia contrata de la composition de la color de la
		······································		
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	C	a morning to the officer	gramme, a grande and control of a control of
	federal political ecosmittee.	•	Assessing the second	A second
	Name of Employer	Occupation		-
	Table of Eliphoyel	- Chiopanon		
	Receipt For:	1		
	Primary General		Year-to-Date ▼	
	Other (specify)			
	Care (epacity)	S	,	
_		L		est of the contract of the con
1.	SUBTOTAL of Receipts This Page (optional)			
L	SEPTEMBE OF HERSENS THIS FAGE (OPHONIC)		······································	The state of the s
1.	FOTAL This Period (last page this line number	r only)		\bigcap
	terre the tenes had bed me me tomos			and the state of t

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SCHEDULE B (FEC Form 3X)		FOR LINE	NI IMBED:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check bnh		11.00
	for each category of the Detailed Surhmary Page	dtit		24 25 26
	l some canality tage		28a 28b	28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	was a series of the bound			
	$\cap \cap I$	A11/ ~		, , 000
MINONULACTURES ASSOC.	of Central		oc. te	deral PHC
Full Name (Last, First, Middle Initial)			Data of Dishama	
A.			Date of Disburse	o / Y Y Y Y
Mailing Address				
	·			
City	State Zip Code			
Purpose of Disbursement		j r		
		and the San		Disbursement this Period
Candidate Name		Category!		
Office Sought: House Disburser	ment For:	Туре	Property (2015) and a	s to see the second
Senate	Primary General			
President	Other (specify)			
State: District:	 	h		
Full Name (Last, First, Middle Initial)			Data of Dishuma	
В.			Date of Disburse	ment D´., ´Ÿ̈ Y˙ Y˙ Y˙
Mailing Address			i .	
			e maki maki	Angelitage Care
City	State Zip Code			
Purpose of Disbursement		%		
		•		Disbursement this Period
Candidate Name		Category/		6
Office Sought: House Disburser		Туре	Andropert 19 one	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Office Sought: House Disburser	nent For: Primary General	•		
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disburse	
Mailing Address				of a semily of v
maining reserves				e transfer de la companya de la comp
City	State Zip Code			
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·			
r dipose or orsoursement		ir ne stylen. V	Amount of Each	Disbursement this Period
Candidate Name		Categor /	ranount or Laon	
		Type	5	O_{i}
Office Sought: House Disburser				
President	Other (specify) General			
State: District:	Anna (aband) A			
	-	Marie Marie	a granda a granda	The second second second
SUBTOTAL of Disbursements This Page (optional)	***************************************			\mathcal{O}
			:	\wedge
TOTAL This Period (last page this line number only)			1. No. 17 19 19 19 19 19 19 19 19 19 19 19 19 19	\mathcal{O}_{i}

11

SCHEDULE C (FEC Form 3X) LOANS

PAGE OF Use separati schedule(s) for each call igery of the FOR LINE 13 OF FORM 3X Detailed Sur Imery Page NAME OF COMMITTEE (In Full) **Primary** General Mailing Address Other (specify) -City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period TERMS **Date Incurred** Date Due Interest Rate MITAMAS A STOTE OF LAST WIND 16 T. P. W. TV TV 177 Yes No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer **Mailing Address** Occupation **Amount** State ZIP Code Guaranteed City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Emilloyer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address **Amount** Guaranteed ZIP Code City State Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule 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

Supplementary for Information found on Page of Schedule

IJ

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)	·	FEC IDENTIFICATION NUMBER
		(, , , ,)
Monufacturers Assoc of Ca	entral NY Inc	Fel PAC 00532911
LENDING INSTITUTION (LENDER)	Amount of Loan	
Full Name	Amount of Loan	
	Same and the second section of the section of the second section of the section o	· · · · · · · · · · · · · · · · · · ·
Mailing Address		M N / > 6 6 7 Y Y Y Y
-	Date Incurred or Estab	ished
City State Zip Code	Date Due	W. W. I D D I A A A
C., C. C.		A series See Section Section (Section)
A. Has loan been restructured? No Yes	If yes, date originally in	icurred
B. If line of credit,	Total	
Amount of this Draw:	y Guisiani	
C. Are other parties secondarily liable for the debt incu	rred?	
No Yes (Endorsers and guarantors n	must be reported on Schedi	le C.)
D. Are any of the following pledged as collateral for the		
property, goods, negotiable instruments, certificates of		J12
stocks, accounts receivable, cash on deposit, or other		,
No Yes II yes, specify:		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of inte	erest income, pleaged as	What is the estimated value?
collateral for the loan? No Yes If yes,	specify:	And the second of the second of the second
		-
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:	
្ធាក់អាំក្រុបស្ន ់ព ុក្រុម [™] ∀ មក្		
	0. 0. 7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City, State, Zip:	
F. If neither of the types of collateral described above w	vas pledged for this loan, o	if the amount pledged does not equal or exceed
	vas pledged for this loan, o	if the amount pledged does not equal or exceed on which it assures repayment.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	vas pledged for this loan, o	on which it assures repayment.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER	vas pledged for this loan, o	if the amount pledged does not equal or exceed on which it assures repayment.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name	vas pledged for this loan, o	on which it assures repayment.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER	vas pledged for this loan, o	on which it assures repayment. DATE
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan committee treasurer Typed Name Signature	vas pledged for this loan, o	DATE
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement.	vas pledged for this loan, o	DATE
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan committee treasurer Typed Name Signature	vas pledged for this loan, o	DATE
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 sare accurate as stated above.	vas pledged for this loan, o in was made and the basii terms of the loan and other	DATE On which it assures repayment. DATE On the control of the loan
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 same accurate as stated above. II. The loan was made on terms and conditions (in the loan was made)	vas pledged for this loan, or in was made and the basis terms of the loan and other including interest rate) no in	DATE Information regarding the extension of the loan ore favorable at the time than those imposed for
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that	vas pledged for this loan, o in was made and the basis terms of the loan and other including interest rate) no in of comparable credit worth t a loan must be made or a	information regarding the extension of the loan ore favorable at the time than those imposed for less.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 are accurate as stated above. II. The loan was made on terms and conditions (is similar extensions of credit to other borrowers of the institution is aware of the requirement that camplied with the requirements set forth at 11	vas pledged for this loan, o in was made and the basis terms of the loan and other including interest rate) no in of comparable credit worth t a loan must be made or a	information regarding the extension of the loan ore favorable at the time than those imposed for less. a basis which assures repayment, and has making this loan.
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 sare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the significant institution is aware of the requirement that campilled with the requirements set forth at 11 AUTHORIZED REPRESENTATIVE	vas pledged for this loan, o in was made and the basis terms of the loan and other including interest rate) no in of comparable credit worth t a loan must be made or a	information regarding the extension of the loan ore favorable at the time than those imposed for less. a basis which assures repayment, and has making this loan. DATE
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER Typed Name 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 are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that camplied with the requirements set forth at 11 AUTHORIZED REPRESENTATIVE Typed Name	vas pledged for this loan, o in was made and the basis terms of the loan and other including interest rate) no in of comparable credit worth t a loan must be made or a	information regarding the extension of the loan ore favorable at the time than those imposed for less. a basis which assures repayment, and has making this loan.

SCHED	ULE D (FEC Fo	rm 3X)		(Use	separate	PAGE OF
DEBTS	AND OBLIGATION	ONS		sch	edule(s) each	FOR LINE NUMBER: (check only one) 9
xcluding	Loans				ered line)	10
NAME OF	COMMITTEE (In Full)	1				
Manu	facturers A	issoc of (Pentral NY I	nc.	Indo	mIDAC,
A. Full	Name (Last, First, Middle	e Initial) of Debtor or C	Creditor		Nature of D	ebt (Purpose):
Mailing	Address		***************************************			
City	State	Z	ip Code	ı		
Outet	anding Balance Beginning	a This Period			_ 	
	anding balance beginning	y mis renod				
15 e e e e	umiya (20. 14°, ir. — 40°) ;	Ü				
198 Se	Amount Incurred This I	Period	Payment This Period	2 - 4 -	Outstandir	ng Balance at Close of This Period
	only a strength of the 1860 Best		. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19) 	ar Velice	
B. Full	Nullde (Last, First, Nulldele	Initial) of Debtor or Ci	reditor	— - —	Nature of D	ebt (Purpose):
Mailing	Address					
City	State	Z	ip Code			
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	· · ·	FEC II	DENTIFICATION NUMBER ▼
Manufacturers Assoc. of (ontral NY=	inc co	00532911
Check if 24-hour notice 46-hour notice	Federal	PAC	70332911
Full Name (Last, First, Middle Initial) of Payee		Date	
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Mailing Address			
		Amount	
City State	Zip Code	Services et al.	
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Purpose of Expenditure	Category/	Office Sought:	House State:
	Type		Senate District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	Charle Once	President
		Check One:	Support Oppose
Calendar Year-To-Date Per Election	ri amiga isan wasan	Disbursement For:	Primary General
for Office Sought	a i come con an accordance	Other (sp	ecify) >
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City State	Zip Code		
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Purpose of Expenditure	Category/	Office Sought:	House State:
	Туре	-	Senate District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	L.	President
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Calendar Year-To-Date Per Election		Disbursement For:	Primary General
for Office Sought	$\mathcal{O}_{i,j}$	Other (sp	ecify) >
(a) SUBTOTAL of Itemized Independent Expenditures		± Antiker N ▶ - i	
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(c) TOTAL Independent Expenditures		•	, 0
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Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	ures reported herein were ized committee or agent o	not made in coopera f either, or (if the rep	tion, consultation, or concert orting entity is not a political
		ta ta ta b	
Signature	Dal 9		<i>i</i>

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

PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the Gineral Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: State City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code 7 W W . . Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code . 0 0 Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expanditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

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)

Manufacturers Assoc of Central NY USE ONLY ONE SECTION,	Federal PAC
A. State and Local Party Committees Fixed Percentage (select one)	1.
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%	ederal)
B. Separate Segregated Funds and Nonconnec	ed Committees
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentag Or	of 50% federal funds, check
If the committee is spending more than 50% federal funds, ind	cate ratio below
Federal	
Nonfederal	%
This ratio applies to (check all that apply):	
Administrative Generic Voter Drive Public Co	

CHEDULE H2 (FEC Form 3X) LOCATION RATIOS	! :		PAGE OF
		M. Federa	PAC
I TIOS FOR ALL OCABLE FUNDRAISING EVENTS AND DIRECT CANDID/ ITIVITIES APPEARING ON THIS REPORT.	ATE S	UPPORT	
thods of allocation:			
 FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	thod"	where the federal pr	oportion of
II. Shared DIFFECT CANDIDATE SUPFORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public com- federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit de i munica	ived by federal cand itions or voter drives	idates from the ac-
ACTIVITY OR EVENT IDENTIFIER	T	FEDERAL &	NONEDEDALO
ACTIVITY IS:	, i t	FEDERAL %	NONFEDERAL %
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ACTIVITY OR EVENT IDENTIFIER	 	FEDERAL %	NONFEDERAL %
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Fundralsing Direct Candidate Support			

Same as Previously Reported

Same as Previously Reported

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NONFEDERAL %

FEDERAL %

CHECK IF THE RATIO IS:

Fundraising

CHECK IF THE RATIO IS:

ACTIVITY IS:

New

ACTIVITY OR EVENT IDENTIFIER

Revised

Revised

Direct Candidate Support

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

PAGI	PAGE		OF		
FOR	1 1515	400	<u> </u>	FORM	~

MAGE (OF COMMITTEE (In Full)	-C O-A-1 NY	Too Tale of DOO
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TOTAL	This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE OF
	FOR LINE 21a OF FORM 3X
eral ed Activity or	PAC.
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m	anufacturers Assoc of Contral N	Y Inc.	Federal PAC
A.	Full Name (Last, First, Middle Initial)		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
	State Zip Code		
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
B.	Full Name (Last, First, Middle Initial)	1 X Y C. 17 1.91	Allocated Activity or Event:
U.	THE TRAINS (LESS), 1 HSI, INDONE THRICK)		Administrative Fundraising Exempt
	Mailing Address		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
			O
	Activity or Event Identifier:	Category/	M.L.W. (A. 7. 20. 1. 20. 1. A. 7. A. 3. A.
		Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		0	, , , , , ,
c.	Full Name (Last. First, Middle Initial)		Allocated Activity or Event: Administrative Fundralsing Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	J	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	1	\$400 mg (1800 mg (1908 - 1900 - 1900)
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

oe used by State, District and	Local Party Committees Only)	PAGE OF FOR LINE 18b OF FO
ME OF COMMITTEE (In Full)	^ -	
anufacturer As	soc of Central NY	Inc. Federal PAC
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	ALM V B U V Y V V Y	Land James A. Co.
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for	r Voter Registration	0
ii) Voter ID	مناه المعارض والمناز المناز	VOTER ID
Total Amount Transferred for	r Voter ID	\mathcal{O}
	1, , , , , , , , ,	GOTY
III) GOTV	., .,	Resident State of the State of
iolai Amount Transferred fo	r GOTV	hadan in the state of the Control of
iv) Generic Campaign Activity	y	GENERIC CAMPAIGN ACTIVITY
•	or Generic Campaign Activity	
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	The first hand have been	Line Can regard to the
i) Voter Registration Total Amount Transferred for	or Voter Registration	0
ii) · Voter ID		VOTER ID
	or Voter ID	
III) GOTV	41	GOTV
	or GOTV	
	Section 1	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activit		A STATE OF THE STA
Total Amount Transferred to	or Generic Campaign Activity	
TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVED	Last Page Only)
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TOTAL This Period (Voter ID)	5 5 4 B	, O
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TOTAL This Period (Total Amount	of Transfers Received)	
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Lacal Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

	:	
NAME OF COMMITTEE (In Full)	NIV	Too Tolo al DNO
Manutacturer Hossoc of Contral		Lnc. Hederal PHC
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		<u> </u>
Purpage of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SHAR	.F	= TOTAL AMOUNT
O		, , , O
		Type of Allocated Activity or Event:
B. Full Name (Last, First, Middle Initial) / Full Organization Name	 - -	Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, ,
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SHAF	RE	= TOTAL AMOUNT
0	0	,
		Type of Allocated Activity or Event:
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, , <u>O</u>
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SHAF	RE	= TOTAL AMOUNT
The state of the s	, O	, O
SUBTOTAL of Shared Federal and Levin Activity This Page)E	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHAF	0	- IGIAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Levin share to	30(a)(ii))
FEDERAL SHARE	; 1E .	TOTAL AMOUNT
FOTAL This Period for the Levin Share	0	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	e of committee (in full) anufacturers Assoc	of Contral NY	Inc Federal PAC
NAM	E OF ACCOUNT	•	
	₹.	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized	, , 0	. 0
	(Use Schedule L-A) (b) Uniternized		6
	(c) Total	O	
2.	OTHER RECEIPTS	, , 0	
3.	TOTAL RECEIPTS		· · · · · · · · · · · · · · · · · · ·
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	, 0	
	(b) Voter ID	\mathcal{O}	,
	(c) GOTV	, , , ,	, , O
	(d) Generic Campaign	,	
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS	S. C. C. St. Co. L. C. St. Ch. C. C.	
7 .	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	, , , , , , , , , , , , , , , , , , ,	i i i i i i i i i i i i i i i i i i i
8.	RECEIPTS (from Line 3)	or and the second of the secon	
9.	SUBTOTAL(Add Lines 7 and 8)	6	to the second second second second
10.	DISBURSEMENTS(From Line 8)		, , , , ,
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s) **ITEMIZED RECEIPTS OF LEVIN FUNDS** for each category of the FOR LINE NUMBER: **Aggregation Page** (check only one) 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) Full Name (Last, First, Middle Initial) / Full Organization Date of Receipt B W / O O Y Y Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation and the first of the first Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt WITH I NOT DEL Mailing Address Amount of Each Receipt this Period City State Zip Code Erson in Misio Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. D Mailing Address Amount of Each Receipt this Period City State Zip Code والودارية الأرواني والا Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation . . Full Name (Last, First, Middle Initial) / Full Organization Name **Date of Receipt** D. ~ o . b Mailing Address Amount of Each Receipt this Period State Zip Code City 3 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X)

FOR LINE NUMB	ER: PA	(GE	OF
(check only one)	4a 4b	4c 4d	5

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	for each category of the Aggregation Page	(check only one) 4a 4c 5
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	not be sold or used by any per dress of any political committe	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Manufacturer Assoc of (Full Name (Last, First, Middle Initiat) / Full Organization Name	Contral NY I	
Mailing Address		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Amount of Each Dispursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Nam B.	le .	Date of Disbursement
Mailing Address		Depart he of home in the
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization NamC.	ne .	Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Nam D.	ne	Date of Disbursement
Mailing Address		And the second
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		1 O
Full Name (Last, First, Middle Initial) / Full Organization NamE.	ne	Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		\cdot

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5788 Widewaters Parkway Syracuse, NY 13214

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FEC MAIL CENTER

Federal Election Commissi ENVELOPE REPLACEMENT PAGE FOR INCOMP	1
The FEC added this page to the end of this filing to in	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 3/4/14
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PREPARER (8/2013)	DATE PREPARED
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