

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 FEB -8 PM 12:22
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)

15788 Widewaters Parkway



Check if different than previously reported. (ACC)

Syracuse

NY

13214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000532911

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

through

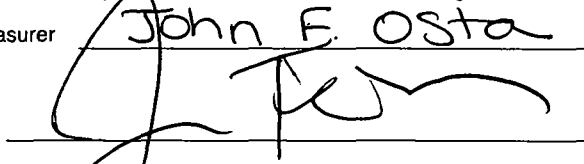
MM / DD / YYYY

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



Date

MM / DD / YYYY

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

FEC FORM 3X
Rev. 05/2016

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:

10 / 01 / 2016

To:

11 / 28 / 2016

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

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....

0.00

0.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....

0.00

0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

0.00

0.00

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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)	800	8,000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	000
(ii) "Levin" Share	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	800	80,000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	800	8000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	800	8,000

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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

Memo Item

Amount of Each Receipt this Period **000**

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 ▼ **000**

Date of Receipt

Memo Item

Amount of Each Receipt this Period **000**

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

Memo Item

Amount of Each Receipt this Period **000**

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

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

2016-01-08 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)

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

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

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

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

000

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

000

NON-CONFIDENTIAL

SCHEDULE C (FEC Form 3X)

LOANS

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	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
000	0.00	000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY	MM / DD / YYYY	% (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.

NON-CONFIDENTIAL INFORMATION

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER								
Manufacturers Assoc of Central NY Inc Fed PAC			C00532911								
LENDING INSTITUTION (LENDER)		Amount of Loan		Interest Rate (APR)							
Full Name		0.00		%							
Mailing Address		Date Incurred or Established		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
City	State	Zip Code	Date Due		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>						M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
B. If line of credit,		Amount of this Draw:		Total Outstanding Balance:							
		0.00		0.00							
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0.00</td> </tr> </table> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes		0.00					
0.00											
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0.00</td> </tr> </table>		0.00					
0.00											
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).											
Date account established:			Location of account:								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y				Address:		
M M M	D D D	Y Y Y Y Y Y Y Y									
			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				DATE							
Typed Name				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
Signature											
H. Attach a signed copy of the loan agreement.											
I. TO BE SIGNED BY THE LENDING INSTITUTION: <ol style="list-style-type: none"> 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				DATE							
Typed Name				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
Signature		Title									

NON-FEDERAL CAMPAIGN FINANCING

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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 000
 Amount Incurred This Period 000 Payment This Period 000 Outstanding Balance at Close of This Period 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 000
 Amount Incurred This Period 000 Payment This Period 000 Outstanding Balance at Close of This Period 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 000
 Amount Incurred This Period 000 Payment This Period 000 Outstanding Balance at Close of This Period 000

1) SUBTOTALS This Period This Page (optional) 000
 2) TOTALS This Period (last page this line number only) 000
 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 000
 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 000

NON-CONFIDENTIAL

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) **Manufacturers Assoc. of Central NY Inc** FEC IDENTIFICATION NUMBER **000532911**

Check if 24-hour report 48-hour report New report Federal PAC Amends report Aled on / /

Full Name of Payee Memo Item Date of Public Distribution/Dissemination

Mailing Address / /

City State Zip Code Amount **000**

Purpose of Expenditure Category/Type Date of Disbursement or Obligation

Name of Federal Candidate: Support Oppose Of Ace Sought: House President Senate District: _____ State: _____

Calendar Year-To-Date Per Election for Of Ace Sought Disbursement For: Primary General Other (specify) ▶

Full Name of Payee Memo Item Date of Public Distribution/Dissemination

Mailing Address / /

City State Zip Code Amount **000**

Purpose of Expenditure Category/Type Date of Disbursement or Obligation

Name of Federal Candidate: Support Oppose Of Ace Sought: House President Senate District: _____ State: _____

Calendar Year-To-Date Per Election for Of Ace Sought Disbursement For: Primary General Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ **000**

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ **000**

(c) TOTAL Independent Expenditures ▶ **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 / /

2014-01-08 10:00:00 AM

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">/ D D D</td> <td style="width:33%; text-align:center;">/ Y Y Y Y Y Y Y Y</td> </tr> </table>				M M M	/ D D D	/ Y Y Y Y Y Y Y Y
M M M	/ D D D	/ Y Y Y Y Y Y Y Y										
City		State		Zip Code		Amount						
						000						
Name of Federal Candidate Supported		Office Sought:		House		State:		District:				
				Senate								
				Presidential								
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">/ D D D</td> <td style="width:33%; text-align:center;">/ Y Y Y Y Y Y Y Y</td> </tr> </table>				M M M	/ D D D	/ Y Y Y Y Y Y Y Y
M M M	/ D D D	/ Y Y Y Y Y Y Y Y										
City		State		Zip Code		Amount						
						000						
Name of Federal Candidate Supported		Office Sought:		House		State:		District:				
				Senate								
				Presidential								
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">/ D D D</td> <td style="width:33%; text-align:center;">/ Y Y Y Y Y Y Y Y</td> </tr> </table>				M M M	/ D D D	/ Y Y Y Y Y Y Y Y
M M M	/ D D D	/ Y Y Y Y Y Y Y Y										
City		State		Zip Code		Amount						
						000						
Name of Federal Candidate Supported		Office Sought:		House		State:		District:				
				Senate								
				Presidential								
Aggregate General Election Expenditure for this Candidate ▶				000								
SUBTOTAL of Expenditures This Page (optional).....▶						000						
TOTAL This Period (last page this line number only).....▶						000						

NON-CONFIDENTIAL

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-CONFIDENTIAL INFORMATION

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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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"/> %

NON-FEDERAL CONTRIBUTION

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

NAME OF COMMITTEE (In Full)

Manufacturers Assoc. of Central NY Inc Federal PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	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)		000

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)	0.00
TOTAL This Period (Total Amount Transferred)	000

NON-FEDERAL ACCOUNT INFORMATION

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 0.00

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 0.00

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 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

0.00 + 0.00 = 0.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

NON-FEDERAL SHARE

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 M M / D D / Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION	Total Amount Transferred for Voter Registration.....	0.00
ii) Voter ID	VOTER ID	Total Amount Transferred for Voter ID.....	0.00
iii) GOTV	GOTV	Total Amount Transferred for GOTV.....	0.00
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	Total Amount Transferred for Generic Campaign Activity.....	0.00

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		0.00

BREAKDOWN OF THIS TRANSFER

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

2014-01-08 10:00:00 AM

**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 Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

000

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MEM / DD / YYYYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

000

000

000

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

000

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MEM / DD / YYYYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

000

000

000

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

000

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Date

MEM / DD / YYYYYY

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

000

000

000

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

000

000

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

TOTAL AMOUNT

000

000

LEVIN SHARE

TOTAL This Period for the Levin Share

000

NON-FEDERAL SHARE

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

	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)		

NON-CONFIDENTIAL

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 Inc of Central NY Federal PAC

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p>
<p>Mailing Address</p>	<p>MM / DD / YYYY</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer (for Individual)</p>	<p>000</p>
<p>Occupation (for Individual)</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p>
<p>Mailing Address</p>	<p>MM / DD / YYYY</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer (for Individual)</p>	<p>000</p>
<p>Occupation (for Individual)</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p>
<p>Mailing Address</p>	<p>MM / DD / YYYY</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer (for Individual)</p>	<p>000</p>
<p>Occupation (for Individual)</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p>
<p>Mailing Address</p>	<p>MM / DD / YYYY</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer (for Individual)</p>	<p>000</p>
<p>Occupation (for Individual)</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p>
<p>Mailing Address</p>	<p>MM / DD / YYYY</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer (for Individual)</p>	<p>000</p>
<p>Occupation (for Individual)</p>	<p>Aggregate Year-to-Date</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>	<p>000</p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p>000</p>

NON-CONFIDENTIAL

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

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

000

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

000

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

000

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

000

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

000

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

000

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

000

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

000

Occupation (for Individual)

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

000

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

000

2017-02-08 01:00:10

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period
0.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period
0.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period
0.00

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period
0.00

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
MEM / DDD / YYYYYY

Amount of Each Disbursement this Period
0.00

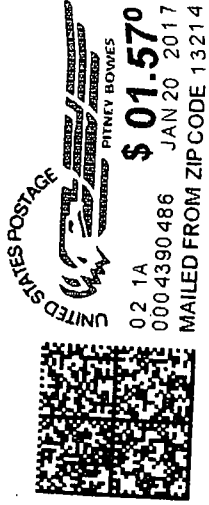
SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

TOTAL This Period (last page this line number only).....▶ 0.00

NOT A COPY OF FORM 3X

5788 Widewaters Parkway
Syracuse, NY 13214

NATIONAL POSTAGE INFORMATION



Federal Election Commission
999 E Street NW
Washington DC 20463

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	Date of Receipt 2/8/17
<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

2/8/17
 DATE PREPARED

NON-CONFIDENTIAL