

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PREFIX Example: If typing, type over the lines.

Manufacturers Association of Central New York Inc Federal PAC

ADDRESS (Number and street) 5788 Widewaters Parkway
SYRACUSE NY 13214

2. FEC IDENTIFICATION NUMBER C00532911
3. IS THIS REPORT NEW (X) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Mid-Year Report (Non-Election Year Only), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special
Election on 11/06/2012 in the State of NY

5. Covering Period 10/2/2012 through 11/26/2012

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 [Signature] Date 01/02/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

13051002121

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 278 (Rev. 02/2009)

Page 2

Write or Type Committee Name:

Manufacturers Assoc. of Central NY Inc. Federal PAC

Report Covering the Period:

From:

10 / 22 / 2012

To: 11 / 26 / 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2012	000	000
(b) Cash on Hand at Beginning of Reporting Period	000	
(c) Total Receipts (from Line 10)	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	000	000
7. Total Disbursements (from Line 31)	000	000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	000	000
9. Debt and Obligations Owed <u>BY</u> the Committee (Items all on Schedule C and/or Schedule D)	000	
10. Debt and Obligations Owed <u>BY</u> the Committee (Items all on Schedule C and/or Schedule D)	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

For further information contact:

**Federal Election Commission
999 E Street, NW
Washington, DC 20463**

**Toll Free 800-424-9630
Local 202-694-1100**

13031002122

DETAILED SUMMARY PAGE

of Receipts

FEC Form 278 (Rev. 06/2004)

Page 3

Write or Type Committee Name

Manufacturers Assoc of Central NY Inc Federal PAC

Report Covering the Period: From:

10' 22' 2012

To:

11' 26' 2012

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals, Partners, Other Than Political Committees		
(i) Married, (see Schedule H).....	000	000
(ii) Unmarried.....	000	000
(iii) Total (add Lines 11(i) and (ii)).....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Over to Line 20, page 5).....	000	000
12. Transfers From Affiliated Party Committees.....	000	000
13. All Loans Repaid.....	000	000
14. Loan Repayments Received.....	000	000
15. Offsets To Operating Expenditures (Refunds, Credits, etc.) (Carry Over to Line 27, page 5).....	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000	000
17. Other Federal Receipts (Dividends, Interest, etc.).....	000	000
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000	000
(b) Levin Funds (from Schedule H5).....	000	000
(c) Total Transfers (add 18(a) and 18(b)).....	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....	000	000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	000	000

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 20(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)(5) 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

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Name of Candidate: _____
 Committee Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 E-mail: _____
 Date of Report: _____
 Period Covered: _____
 Signature: _____
 Title: _____
 Date: _____

**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"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16		

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 (or POC)
Manufacturers Assoc. of Central NY Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mailing Address
100 ...

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) *...*

Aggregate Year-to-Date *0*

Date of Receipt: / /

Amount of Each Receipt this Period *0*

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) *...*

Aggregate Year-to-Date *0*

Date of Receipt: / /

Amount of Each Receipt this Period *0*

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) *...*

Aggregate Year-to-Date *0*

Date of Receipt: / /

Amount of Each Receipt this Period *0*

SUBTOTAL of Receipts This Page (optional) *0*

TOTAL This Period (last page the line number only) *0*

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**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"/> 24	<input type="checkbox"/> 25	<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"/> 30a	<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

A.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

B.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

C.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

GRAND TOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

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SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1 OF 15
FOR LINE 18 OF FORM 3X

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

Loan Source: Full Name (Last, First, Middle Initial) **Manufacturers Assoc. of Central NY Inc.**
 Mailing Address **1000 ...**

Primary **General** **Other (specify)**

City **...** State **...** ZIP Code **...**

Original Amount of Loan **0** Cumulative Payments To Date **0** Balance Outstanding at Close of This Period **0**

Date Inured **...** Date Due **...** Interest Rate **...** Secured: Yes No

List All Employers 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: **0**

2. Full Name (Last, First, Middle Initial) **...** Name of Employer **...**
 Mailing Address **...** Occupation **...**
 City **...** State **...** ZIP Code **...** Amount Guaranteed Outstanding: **0**

3. Full Name (Last, First, Middle Initial) **...** Name of Employer **...**
 Mailing Address **...** Occupation **...**
 City **...** State **...** ZIP Code **...** Amount Guaranteed Outstanding: **0**

4. Full Name (Last, First, Middle Initial) **...** Name of Employer **...**
 Mailing Address **...** Occupation **...**
 City **...** State **...** ZIP Code **...** Amount Guaranteed Outstanding: **0**

SUBTOTAL This Period This Page (optional) **0**

TOTAL This Period (last page in this file only) **0**

Carry outstanding balance only to Line 5, Schedule G, for this line. If no Schedule G, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINE OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20543

Supplementary to
Information found on
Page _____ of Schedule C

NAME OF COMMITTEE (or Full Name) Manufacturers Assoc of Central NY Inc Federal PAC		FEC IDENTIFICATION NUMBER C00532911
LENDING INSTITUTION (Lender) Full Name	Amount of Loan 0	Interest Rate (APR) %
Address	Date Incurred or Extended	MM / DD / YYYY
City	Date Due	MM / DD / YYYY

A. Has loan been repaid? No Yes If paid, date originally incurred

D. If line of credit:
Amount of this Draw: **0** Total Drawn: **0**

G. Are other parties secondarily liable for the debt insured?
 No Yes (Endorser 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 paper, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?
0

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of financial income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
0

A security account must be established pursuant to 11 CFR 100.62(b)(2) and 100.142(b)(2).

Location of account: _____
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, name the bank upon which this loan was made and the bank on which it secures repayment....

G. Committee Treasurer Typed Name Signature	DATE MM / DD / YYYY
---	------------------------

H. Attach printed copy of the loan agreement.

I. TO BE OWNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the execution 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 amounts 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 bank which assures repayment, and has complied with the requirements set forth in 11 CFR 100.62 and 100.142 in making this loan.

Authorized Representative Typed Name Signature	DATE MM / DD / YYYY
--	------------------------

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**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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE **OF**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE OR ENTITY
Manufacturers Assoc. of Central NY Inc Federal PAC

FEC IDENTIFICATION NUMBER
C00532911

Check 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payor

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure
Category/Type

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure
Category/Type

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

Amount

(b) SUBTOTAL of Unitemized Independent Expenditures

Amount

(c) TOTAL Independent Expenditures

Amount

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

13031002131

SCHEDULE F (FEC Form 314)

FINANCED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. 4410(c))

PAGE **1** OF **1**
FOR LINE 23 OF FORM 314

NAME OF COMMITTEE (in full) **Manufacturers Assoc of Central NY Inc Federal PAC** Check if 24-hour notice

Has your committee been organized to raise or expend funds in support of a political party committee? YES NO

NAME OF ... **REFR TO NY POLITICAL**

Full Name (Last, First, Middle Initial) of Each Party **THE SECTION A** Purpose of Expenditure Campaign

City STATE ZIP **NY NY 10001**

Name of Record (Candidate) **NY** Party **NY** Amount **0**

Appropriation Control Election Expenditure for this Candidate **0** Limit Filled Due to Opponent's Spending (2 U.S.C. 4410(d)(4)(1))

Full Name (Last, First, Middle Initial) of Each Party **NY** Purpose of Expenditure Campaign

City STATE ZIP **NY NY 10001**

Name of Record (Candidate) **NY** Party **NY** Amount **0**

Appropriation Control Election Expenditure for this Candidate **0** Limit Filled Due to Opponent's Spending (2 U.S.C. 4410(d)(4)(1))

Full Name (Last, First, Middle Initial) of Each Party **NY** Purpose of Expenditure Campaign

City STATE ZIP **NY NY 10001**

Name of Record (Candidate) **NY** Party **NY** Amount **0**

Appropriation Control Election Expenditure for this Candidate **0** Limit Filled Due to Opponent's Spending (2 U.S.C. 4410(d)(4)(1))

TOTAL of Expenditures This Page (optional) **0**

TOTAL This Period (last page with the number only) **0**

13031002132

SCHEDULE HT (FEC Form 314)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERAL VOTER DRIVE AND GETOUT THE VOTE ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEAN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (Only, State and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Only, State and Local Party Committees Only)

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

USE ONLY ONE SECTION, A OR B

A State and Local Party Committees

Primary Election Year (20% Federal)

Primary-Only Election Year (20% Federal)

Primary and Senate Election Year (20% Federal)

Senate-Only Election Year (20% Federal)

Non-Primary and Non-Senate Election Year (15% Federal)

B Senate, Congressional Funds and Nonconnected Committees

Fed Minimum Federal Funding

If the committee will allocate using the Fed minimum percentage of 60% federal funds, check

If the committee is spending more than 60% federal funds, indicate ratio below

Federal %

Non-Federal %

(Ratio applies to (check all that apply))

Administrative

General Voter Drive

Public Communications Referencing Party Only

SCHEDULE N2 (FEC Form 310)

ALLOCATION RATIOS

COUNT

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:

- FUNDRAISING activities are allocated using the funds received method where the federal proportion of expenses must equal the federal proportion of monies raised.
- 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 Public 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 weighted method.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

NONFEDERAL %

_____ %

_____ %

**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
		0

BREAKDOWN OF TRANSFER RECEIVED

a) Total Administrative	0
b) Generic Voter Drive	0
c) Exempt Activities	0
d) Direct Fundraising (List Activity or Event Identifier)	
a)	0
b)	0
c) Total Amount Transferred For Direct Fundraising	0
e) Direct Candidate Support (List Activity or Event Identifier)	
a)	0
b)	0
c) Total Amount Transferred For Direct Candidate Support	0
f) Public Communications Referring Only to Party (Made by PAC)	0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0
TOTAL This Period (Generic Voter Drive)	0
TOTAL This Period (Exempt Activities)	0
TOTAL This Period (Direct Fundraising)	0
TOTAL This Period (Direct Candidate Support)	0
TOTAL This Period (Public Communications Referring Only to Party)	0
TOTAL This Period (Total Amount Transferred)	0

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SCHEDULE HS (FEC Form 3X)
TRANSFERS OF LEVIN FUNDS RECEIVED 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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
1) Voter Registration Total Amount Transferred for Voter Registration.....	0
	VOTER ID
2) Voter ID Total Amount Transferred for Voter ID.....	0
	GOTV
3) GOTV Total Amount Transferred for GOTV.....	0
	GENERIC CAMPAIGN ACTIVITY
4) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	0

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
1) Voter Registration Total Amount Transferred for Voter Registration.....	0
	VOTER ID
2) Voter ID Total Amount Transferred for Voter ID.....	0
	GOTV
3) GOTV Total Amount Transferred for GOTV.....	0
	GENERIC CAMPAIGN ACTIVITY
4) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	0
TOTAL This Period (Voter ID).....	0
TOTAL This Period (GOTV).....	0
TOTAL This Period (Generic Campaign Activity).....	0
TOTAL This Period (Total Amount of Transfers Received).....	0

13031002137

**SCHEDULE H8 (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
MANUFACTURERS ASSOC. OF CENTRAL NY INC

Type of Allocated Activity or Event:
 Voter Registration
 Voter ID
 GOTV
 Generic Campaign

Allocated Activity or Event Year-To-Date
0

Writing Address
City State Zip Code

Purpose of Disbursement
Category/Type
Date

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT
0	0	0

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

Type of Allocated Activity or Event:
 Voter Registration
 Voter ID
 GOTV
 Generic Campaign

Allocated Activity or Event Year-To-Date
0

Writing Address
City State Zip Code

Purpose of Disbursement
Category/Type
Date

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT
0	0	0

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

Type of Allocated Activity or Event:
 Voter Registration
 Voter ID
 GOTV
 Generic Campaign

Allocated Activity or Event Year-To-Date
0

Writing Address
City State Zip Code

Purpose of Disbursement
Category/Type
Date

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT
0	0	0

GRAND TOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT
0	0	0

TOTAL This Period (last page for each line only) (Federal share to 30(a)(1) and Levin share to 30(a)(2))

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT
0	0	0

TOTAL This Period for the Levin Share

LEVIN SHARE
0

1303100213

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)	0	0
(b) Unitemized	0	0
(c) Total	0	0
2. OTHER RECEIPTS	0	0
3. TOTAL RECEIPTS	0	0
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration	0	0
(b) Voter ID	0	0
(c) GOTV	0	0
(d) Generic Campaign	0	0
(e) Total	0	0
5. OTHER DISBURSEMENTS	0	0
6. TOTAL DISBURSEMENTS	0	0
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	0	0
(For Column B, use cash as of January 1st)		
8. RECEIPTS	0	0
(From Line 3)		
9. SUBTOTAL	0	0
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0	0
(From Line 6)		
11. ENDING CASH ON HAND	0	0
(Subtract Line 10 From Line 9)		

13031002139

**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

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NAME OF COMMITTEE (in Full)

Manufacturers Assoc. of Central NY Inc Federal PAC

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Aggregate Year-to-Date

Aggregate

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Aggregate Year-to-Date

Aggregate

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Aggregate Year-to-Date

Aggregate

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Aggregate Year-to-Date

Aggregate

Name of Employer or Principal Place of Business

Occupation

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Amount

Amount

13031002140

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 4b 4c 4d 5

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)
 TOTAL This Period (last page this line number only)

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Federal Election Commission
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