

**FEC
FORM 3X**

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

FEDERAL ELECTION COMMISSION
PUBLIC INFORMATION DIVISION

2013 JAN 10 AM 9:48
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT v Example: If typing, type over the lines. 12FE4N5

Manufacturers Association of Central New York
Inc Federal PAC

ADDRESS (number and street) 5788 Widenwaters Parkway

Check if different than previously reported. (ACC)

Syracuse NY 13214

2. FEC IDENTIFICATION NUMBER v CITY v STATE v ZIP CODE v

C00532911

3. IS THIS REPORT NEW OR AMENDED
(N) OR (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)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) <small>(Non-Election Year Only)</small>
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 10/01/2012 through 12/31/2012

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 *J. F. Osta* 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. 6437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Manufacturers Assoc. of Central NY Inc. Federal PAC

Report Covering the Period: From:

10 01 2012

To:

12 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	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. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

13031002145

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name:

Manufacturers Assoc of Central NY Inc Federal PAC

Report Covering the Period: From: **10 01 2012** To: **12 31 2012**

I. Receipts

**COLUMN A
Total This Period**

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (Use Schedule A).....

0.00

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)(i), (ii), 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

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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 8)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures (from Line 15, page 3).....
38. Net Operating Expenditures (subtract Line 37 from Line 36)

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**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 13	<input type="checkbox"/> 11B 14	<input type="checkbox"/> 11C 15	<input type="checkbox"/> 12 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 (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**

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).....▶

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

0

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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	
Full Name (Last, First, Middle Initial)		

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

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

SUBTOTAL of Disbursements This Page (optional)	0
TOTAL This Period (last page this line number only)	0

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SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **OF**
FOR LINE 19 OF FORM 3X

NAME OF COMMITTEE (in Full)

Manufacturers Assoc. of Central NY Inc. Federal PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) _____

Mailing Address

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

Secured:

% (apr)

- 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

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*

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page of 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.

13031002151

SCHEDULE C-1 (FEC Form 2X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20543

Complementary to
 Information based on
 Form _____ of Schedule C

NAME OF COMMITTEE (In Full) Manufacturers Assoc of Central NY Inc Federal Inc	FEC REGISTRATION NUMBER C00532911
---	---

LENDING INSTITUTION (Lender) Full Name	Amount of Loan 0	Interest Rate (APR) %
---	----------------------------	--------------------------

Mailing Address City State Zip Code	Date Incurred or Established Date Due
--	--

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: **0** Total Outstanding Balance: **0**

C. Are other parties necessarily liable for the debt incurred? No Yes (Endorsement and guarantee must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: _____
 What is the value of this collateral? **0**
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? **0**

A depository account must be established pursuant to 11 CFR 100.62(a)(2) and 100.142(a)(2).
 Date account established: _____ 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, state the basis upon which this loan was made and the basis on which it secures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE _____/_____/____/____/____/____
---	---

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which secures 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 _____/_____/____/____/____/____
--	---

13031002152

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).....	<input type="checkbox"/>
2) TOTALS This Period (last page this line number only).....	<input type="checkbox"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="checkbox"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	<input type="checkbox"/>

13031002153

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Manufacturers Assoc. of Central NY Inc. Federal P/C</i>	FEC IDENTIFICATION NUMBER C 00532911
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____	Date _____
Mailing Address _____	Amount _____
City _____ State _____ Zip Code _____	

Purpose of Expenditure _____	Category/Type _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	_____
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

13031002154

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
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Manufacturers Assoc. of Central NY Inc. Federal P/C</i>	Check if 24-hour notice
---	----------------------------

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 <i>...</i>
--	--

Mailing Address	City	State	ZIP Code
-----------------	------	-------	----------

Full Name (Last, First, Middle Initial) of Each Payee <i>USE ONLY ONE SECTION. A OR B</i>	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

13031002155

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 Federal PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (26% 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

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....%

Nonfederal.....%

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

13031002156

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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 % _____ %	NONFEDERAL % _____ %
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 % _____ %	NONFEDERAL % _____ %
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 % _____ %	NONFEDERAL % _____ %
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 % _____ %	NONFEDERAL % _____ %
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 % _____ %	NONFEDERAL % _____ %
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 % _____ %	NONFEDERAL % _____ %

13031002157

**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

- i) Total Administrative 0
- ii) Generic Voter Drive 0
- iii) Exempt Activities 0
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) 0
 - b) 0
 - c) Total Amount Transferred For Direct Fundraising 0
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) 0
 - b) 0
 - c) Total Amount Transferred For Direct Candidate Support 0
- vi) 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

13031002158

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 01 OF 01
FOR LINE 21a OF FORM 3X

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		Category/Type	Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
0		0	0

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		Category/Type	Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
0		0	0

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		Category/Type	Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
0		0	0

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
0		0	0
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		0	0

13031002159

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 **01** OF **01**
 FOR LINE 18b OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration** VOTER REGISTRATION
 Total Amount Transferred for Voter Registration..... 0
- ii) Voter ID** VOTER ID
 Total Amount Transferred for Voter ID..... 0
- iii) GOTV** GOTV
 Total Amount Transferred for GOTV..... 0
- iv) Generic Campaign Activity** 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

- i) Voter Registration** VOTER REGISTRATION
 Total Amount Transferred for Voter Registration..... 0
- ii) Voter ID** VOTER ID
 Total Amount Transferred for Voter ID..... 0
- iii) GOTV** GOTV
 Total Amount Transferred for GOTV..... 0
- iv) Generic Campaign Activity** 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

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**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		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL 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		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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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 (Add Lines 1c and 2)	0	0
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 (Add Lines 4e and 5)	0	0
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	0	0
8. RECEIPTS (from Line 3)	0	0
9. SUBTOTAL (Add Lines 7 and 8)	0	0
10. DISBURSEMENTS (From Line 6)	0	0
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0	0

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**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: <input type="checkbox"/> 1a <input type="checkbox"/> 2 (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)
Manufacturers Assoc. of Central NY Inc Federal PAC

A.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period *0*

Aggregate Year-to-Date *0*

B.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period *0*

Aggregate Year-to-Date *0*

C.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period *0*

Aggregate Year-to-Date *0*

D.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period *0*

Aggregate Year-to-Date *0*

SUBTOTAL of Receipts This Page (optional) *0*

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

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In 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 06/01 / 06/01 / V V V V V V _____ 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 06/01 / 06/01 / V V V V V V _____ 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 06/01 / 06/01 / V V V V V V _____ 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 06/01 / 06/01 / V V V V V V _____ 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 06/01 / 06/01 / V V V V V V _____ 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
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/3/15

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jnd
PREPARER

1/10/13
DATE PREPARED

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