

**FEC FORM 3X**

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

FEDERAL ELECTION COMMISSION  
PUBLIC DISCLOSURE DIVISION

2015 OCT 28 PM 2:30

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) 5788 Widewaters Parkway  
Syracuse NY 13214

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00532911

3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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)

April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)

(b) Monthly Report Due On:

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

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

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

General (30G)	Runoff (30R)	Special (30S)
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January 31 Year-End Report (YE) Election on \_\_\_\_\_ in the State of \_\_\_\_\_

July 31 Mid-Year Report (Non-election Year Only) (MY) Election on \_\_\_\_\_ in the State of \_\_\_\_\_

Termination Report (TER) Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2015 through 12 31 2015

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 *[Handwritten Signature]*

Date 02 11 2015

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

Office Use Only										
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**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:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2014</i>		0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2014)

Page 3

Who or Type Committee Name

*Manufacturers Assoc of Central NY Inc Federal PAC*

Report Covering the Period: From:

To:

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	0
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

2014-11-10 10:00:00 AM

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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 (incl 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 (2 U.S.C. §411a(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 .....		0	0
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0	0
(ii) "Levin" Share .....		0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		0	0
31. Total Disbursements (add Lines 21(d), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		0	0

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

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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

COUNTY OF COCONINO

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

Any information copied from such Reports and Statements may not be 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 ▼

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 ▼

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 ▼

Date of Receipt

Amount of Each Receipt this Period **0**

SUBTOTAL of Receipts This Page (optional).....▶ **0**

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

**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"/> 21a	<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		

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			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0	
Office Sought:	Disbursement For:	Category/Type	
House Senate President	Primary General Other (specify) ▼		
State:	District:		

B.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0	
Office Sought:	Disbursement For:	Category/Type	
House Senate President	Primary General Other (specify) ▼		
State:	District:		

C.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0	
Office Sought:	Disbursement For:	Category/Type	
House Senate President	Primary General Other (specify) ▼		
State:	District:		

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

CONFIDENTIAL - NOT FOR RELEASE

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

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

LOAN SOURCE Full Name (Last, First, Middle Initial)	Electron:
Mailing Address	Primary
City State ZIP Code	General
	Other (specify) ▼

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

TERMS	Date Incurred	Date Due	Interest Rate	Security	
				% (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:
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)..... ▶	0
TOTALS This Period (last page in this line only)..... ▶	0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NOT FOR FILING



**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) <i>Manufacturers Assoc of Central NY Inc Fed PAC</i>		FEC IDENTIFICATION NUMBER <i>000532911</i>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <i>0</i>	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	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 secondarily liable for the debt incurred? No 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? 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 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
Date account established: \_\_\_\_\_ 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 assures 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 assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

NOTHING TO BE REPORTED ON THIS LINE

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each combined line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

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"/>

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

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Manufacturers Assoc. of Central NY Inc.</b> Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <b>Federal PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>000532911</b>
---	---

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date _____ Amount _____	
Purpose of Expenditure _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought _____	Category/Type _____	Office Sought: House _____ State: _____ Senate _____ District: _____ President _____ Check One: Support _____ Oppose _____ Disbursement For: Primary _____ General _____ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date _____ Amount _____	
Purpose of Expenditure _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____ Calendar Year-To-Date Per Election for Office Sought _____	Category/Type _____	Office Sought: House _____ State: _____ Senate _____ District: _____ President _____ Check One: Support _____ Oppose _____ Disbursement For: Primary _____ General _____ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	0
(c) TOTAL Independent Expenditures ..... ▶	0

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 \_\_\_\_\_

NOT FOR POSTAL DELIVERY

**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 (to Full) <b>Manufacturers Assoc. of Central NY Inc. Federal PAC</b>	Check if 24-hour notice
---	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? YES      NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
City	State      ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City      State      Zip Code	Amount	
Name of Federal Candidate Supported      Office Sought:      House      Senate      Presidential      State:      District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text" value="0"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City      State      Zip Code	Amount	
Name of Federal Candidate Supported      Office Sought:      House      Senate      Presidential      State:      District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text" value="0"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City      State      Zip Code	Amount	
Name of Federal Candidate Supported      Office Sought:      House      Senate      Presidential      State:      District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text" value="0"/>	

<b>SUBTOTAL of Expenditures This Page (optional).....▶</b>	<input type="text" value="0"/>
<b>TOTAL This Period (last page this line number only).....▶</b>	<input type="text" value="0"/>

**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 (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**

**Flat Minimum Federal Percentage**

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

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**

**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.

NON-FEDERAL CANDIDATE CONTRIBUTION

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		
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		
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		
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		
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		
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		

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

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 FOR LINE 18a 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 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

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**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

PAGE        OF         
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)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

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

       +        =       

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

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

       +        =       

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

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

       +        =       

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

       +        =       

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

2025 RELEASE UNDER E.O. 14176



**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 10b 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
<b>BREAKDOWN OF THIS TRANSFER</b>		
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
<b>BREAKDOWN OF THIS TRANSFER</b>		
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

2011-10-10 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) <i>Manufacturers Assoc. of Central NY Inc. Federal PAC</i>			
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL This Period for the Levin Share			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

NOTHING TO REPORT

**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 ..... (See Schedule L-A)	0	0
(b) Uniformed .....	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 (See Schedule L-10)		
(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
(Subtotal Line 9 From Line 8)		

**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) <input type="checkbox"/> 1a <input type="checkbox"/> 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 Inc Federal PAC*

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			Aggregate Year-to-Date <input type="checkbox"/>
Occupation			<input type="checkbox"/>
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			Aggregate Year-to-Date <input type="checkbox"/>
Occupation			<input type="checkbox"/>
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			Aggregate Year-to-Date <input type="checkbox"/>
Occupation			<input type="checkbox"/>
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			Aggregate Year-to-Date <input type="checkbox"/>
Occupation			<input type="checkbox"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

**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"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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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

<b>A.</b>	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0

<b>B.</b>	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0

<b>C.</b>	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0

<b>D.</b>	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0

<b>E.</b>	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	0

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

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

4-11-2003 10:00 AM

UNITED STATES POSTAGE



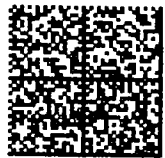
5788 Widewaters Parkway  
Syracuse, NY 13214



02 1A  
000 4390 486  
MAILED FROM ZIP CODE 13214

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**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
Postmarked <b>10/23/15</b>	<b>10/28/15</b>
<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  
 (3/2015)

**10/28/15**  
 DATE PREPARED

2015102810001000116