FEC FORM 3X	AND DIS	OF RECEI BURSEMEI An Authorized Con	NTS	2#14 Office	RECEIVED
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	Example: over the li	lf typing, type nes.	FE 12FE4M5	C MAIL CENTER
Manufactu Inc Feder	al PAC	<u> </u>			New York
ADDRESS (number and stree) 5/88 /	Videwater	SPOR	wag	
Check II different than previously reported. (ACC)	Syraci	ISC.		N.Y. 1.3.	21 .YI-L
2. FEC IDENTIFICATION	NUMBER V	CITY 🛦	S		
C00532	911	3. IS THIS REPORT		AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report ; Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (Me	(Non-Elockon Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sop 20 (Ms	i) Dec 20 (M12 (Nun-Election Volat Only)
April 15 Quarterity Repo July 15 Quarterity Repo October 15 Quarterity Repo January 31 Year-End Repo	rt (Q2) rt (Q2) rt (Q3) rt (Q3)	lection	Jul 20 (M7) y (12P) ntion (12C)	Oct 20 (M1 General (12G) Special (12S)	0) Jan 31 (YE) Runoff (12R) in the State of
July 31 Mid-Ye Report (Non-el Year Only) (M)	ection POST-		al (30G)	Runoff (30R)	Special (30S)
Termination Re (TER)			Miji (1975-1977). ™ -	¥ · •	in the State of
5. Covering Period		20°14 thre	ugh 03	31 20	514
Centify that I have examine Type or Print Name of Trea Signature of Treasurer NOTE; Submission of false, a Office	surer John	F. Osta	Dat	te 06 S	2014 Ities of 2 U.S.C. §437g.
Use Only	1			FE	C FORM 3X Rev. 12/2004

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Γ	OF R FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE ECCIPTS AND DISBURSEMENTS	Page 2
ľ	ille or Type Committee Name Nanufacturers Assoc.	of Contral NY	Inc. Faderal PAC
R	port Covering the Period: From: \ddot{O}	Ö1 ŽÖ1 4 To:	03 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, ŽŎĴŸ		, , <i>O</i> .
	(b) Cash on Hand at Beginning of Reporting Period	, , <i>D</i> .	
	(c) Total Pieceipts (from Line 19)	, <i>O</i> .	, , , 6 .
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	. 0	, O .
7.	Total Disbursements (from Line 31)	. 0	, , O
 8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, , O	, , <i>O</i> .
9.	Debts and Obligations Owen TO the Committee (Itentize all on Schedule C and/or Schedule D)	0	
10.	Debts and Colligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

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	FEC Form 3X (Rev. 06/2004)	NILED S of F	UMMAI Receipts	RY PAG	E		P	age 3	٦
ľ	Vite or Type Committee Name	of	Con	tral	NY	Inc.	Fade	val	AC
R	eport Covering the Period: From: 01	01	20	14	To:	03:	31	201	Ý
	I. Receipts	To	COLUMI Ital This I				DLUMN B ar Year-to	-Date	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		. 2	<u>Ô</u> .		,		O.	
	(ii) Unitemized (iii) TOTAL (add Lines 11(a}(i) and (ii)►	3. 	9 . 	(). ().	· • • ·		· · · · · · · · · · · · · · · · · · ·	0 6	
	 (b) Political Party Committees	y	, ¥. ,	0. 0.	•••	7	s. 8. .	0 0	
12.	11(a)(iii). (b), and (c)) (Carry Totals to Line 33, page 5)	,5 9	\$	0. 0		. 1 .	, <i>9</i> , 9	<u>()</u>	
-	All Loans Received	,	3	0		•	, 	0	
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	3	. 3	6		••• • • • • • • • •		0	
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.)	. 7	2	0			· + · -	0	
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	. 1	, 2	0		,	,	0	
	(b) Levin Funds (from Schedule H5)	, s , '	ř :	0. ().		. /		0 O	
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	;	,	0			. F	6	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	-	,	D.		.	. :	Ď	

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DETAILED SUMMARY PAGE of Disbursements

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•	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4			
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	(i) Federal Share	, , <i>O</i> .	, , <i>O</i> .			
	(ii) Non-Federal Share	C)	0			
	(b) Other Federal Operating	, , , ,	· , U.			
	Expenditures	, , <i>O</i> .	, , <u>O</u> .			
	(c) Total Operating Expenditures	Ő				
22	(add 21(a)(i), (a)(ii), and (b))	, O	, , ().			
	Committees		i 1. O			
23.	Contributions to Fedural Candidates/Committees and Other Political Committees	, , <i>,</i> ,				
24.	Independent Expenditures	y , U	ş <u>·</u>			
2 6	(use Schedule E) Courdinated Party Expenditures	, , , O .	., , , . () : .			
£J.	(2 U.S.C. §441a(d)) (use Schedule F)	\sim	S			
	(USU SCHEOUIB F)	· · · · · · · · · · · · · · · · · · ·	, , ()			
26.	Loan Repayments Made	а э. <mark>О</mark> .	, , 0			
27.	Loans Made	6	6			
28.	Retunds of Contributions To: (a) Individuals/Persons Other		, J U			
	Than Political Committees	, , , O	· · · · · O			
	(b) Political Party Committees	, , 6	, , , , , , , , , , , , , , , , , , , ,			
	(c) Diver Political Committees					
	(such as PACs)	• v O :	з в О .			
	(d) Total Contribution Refunds	. 6				
	(add Lines 2B(a), (b), and (c))	, U	0			
29.	Other Disbursements	, , Ô.	, O			
30.	Federal Election Activity (2 U.S.C. §431(20))					
	(a) Allocated Federal Election Activity					
	(from Schedule H6) (i) Federal Share	í (n	$\mathbf{\hat{c}}$			
	(I) receral onare	, , , V .	, .			
	(ii) "Levin" Share	6 .	, O.			
	(b) Federal Election Activity Paid Entirely	6	E C			
	With Federal Funds	, , , D	\mathbf{O}			
	(c) Total Faderal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	\sim	Č			
	ະຫອວ ບບເຊງເຖ. ອບເຊງເຫຼ ແມ່ນ ອບເບງງ P					
31.	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, O	D			
	Trank Darks and Distances and					
32.	Total Federal Disbursements					
32.	(subtract Line 21(a)(ii) and Line 30(a)(ii) (rom Line 31)	\bigcirc	ń			

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DETAILED SUMMARY PAGE

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of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	, , , O	, , O
 Total Contribution Relunds (from Line 28(d)) 	, 6	, , <u>O</u>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, , , O	, , O
 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	\tilde{O}	, , 6
7. Offsets to Operating Expenditures (free Line 15, page 3)	, , , , , , , , , , , , , , , , , , , ,	, , <u>O</u>
88. Net Operating Expanditures (subtract Line 37 from Line 36)	, , <u>O</u>	, O

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SCHEDULE A (FEC Form 3)	X)	FOR LINE NUMBER: PAGE OF				
•	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS	for each category of the Detuiled Summary Page	110 11b 11c 12				
	Gordinor Commiting Ludgi	13 14 15 16 17				
Any information copied from such Reports a	nd Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions				
	g the name and address of any political committee	lo solici contributions (cond such committee.				
NAME OF COMMITTEE (In Full)						
Monutacturer	Ascon of Control	NY Inc. Federal PAC				
Full Name (Last, First, Middle Initial)		PI - CIGRALINE				
Α.		Date of Receipt				
Mailing Address						
City	Slate Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing	Ċ					
lederal political committee.		,, U .				
Name of Employer	Occupation					
		_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary Goneral Other (specify) ψ						
	, , ,					
Full Name (Last, First, Middle Initial)						
B		Date of Receipt				
Mailing Address	·	N 15 / O D / Y Y Y				
		·				
City	State Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing	C					
lederal political committee.						
Name of Employer	Occupation					
		_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) w	\sim					
Full Name (Last, First, Middle Initial)		-				
С.		Date of Receipt				
Mailing Address		(0, -1) = (0, -1) + (
						
City	State Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation					
Receipt For: Primary General	Aggregate Year-to-Date 🖤					
Qther (specify)	\cap					
and the second s	÷ U					
		<u></u> _				
SUBTOTAL of Receipts This Page (optiona	u)	$, \ldots, O$				
TOTAL This Perind (last page this line num	nber only) 🕨	y				

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SCHEDULE B (FEC Form 3X)		E09 / 114	E NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each cutogory of the	(check or	ily one)	
	Detailed Summary Page			
Any information period from such Deserts and Ote		27	288 28	
Any information copied from such Reports and Stat or for commercial purposes, other than using the m	amenus may not de solo or use ame and address of any politice	u oy any pe I commillee	son for the purpos lo: colicil contributir	e or souching contributions and liam such committee.
NAME OF COMMITTEE (In Full)	ىرىيەلىرىيەن 20 ¹ مىلىپىيى بىرىمىل بىرىرىمىر بىرىيەتىرىكى ²¹¹ بارلىرىيەت تە			1 j
Manufactures Assoc.	of Contral	NΥ	In F	ederal PAC
FUH WATTE (LASI, FITSI, WIDOIE INNICH)		af a faith and a second		
Α.			Date of Disbu	
Mailing Address			- 43 M 4	- (1) - X - V
City	State Zip Code			
Purpose of Disbursement	<u> </u>		-	
			Amount of Ea	ch Disbursement this Period
Candidate Name		Category/ Type		, O.
Office Sought: House Disburs	ement For:	1948	-	
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Lost, First, Middle Initial)			+	
			Date of Disbu	
Mailing Address			- 62 is n	5 D Y Y Y Y Y
City	State Zip Code			۵۰۰
Purpose of Disbursement		******	-	
			Amount of Ea	ch Disbursement this Period
Candidate Name		Calegory/ Type	5	, O .
	ement For:		1	-
Senate President	Primary General Other (specify)			
State: District:	Oner (shecily)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbu	rsoment
Mailing Address				
City	State Zip Code			۵۵, ۱۰۰۰ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲ ۱۹۹۰ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ -
Purpose of Disbursement			Amount of E-	ch Disbursement this Period
Candidate Name		Category/		
	الم	Type	4.	\mathcal{O}
Office Sought: House Disburs	ement For: Primary : General			
President	Other (specily)			
State: District:	· · · · · · ·		1	
				\sim
SUBTOTAL of Disbursements This Page (optional		•••••	ï	$\mathbf{U}_{\mathbf{k}}$
TOTAL This Period (last page this line number on	ly}			D.

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SCHEDULE C (FEC Form 3X) LOANS

OANS	Use separate schedule(s) PAGE OF for each categery of the Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
	Central NY Inc. Federal PAC
Mailing Address	General Other (specify) v
City State	ZIP Code
Original Amount of Loan Cumulative Pay	yment To Dale Balance Outstanding at Close of This Perio
TERMS Date incurred D as all x or a - y - y y star the start the or	Date Due Interost 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
SUBTOTALS This Period This Page (optional)	► Ø
TOTALS This Period (last page in this line only)	• O
Carry outstanding balance only to LINE 3. Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OANS AND LINES OF CREDIT FROM Internal Election Commission, Washington, D.C. 20463	LENDING INSTITUTION	S	Suppleme Informatic Page	intary for on found on of Schedule (
IAME OF COMMITTEE (In Full)				ATION NUMBE
Monufactures Assoc. of (Pentral NY Inc. Fet	{		
	Amount of Loan		Interest	Rate (APR)
uli Name	9 y	0.		• %
lailing Address	Date Incurred or Established		, 1) 19 7 ; ;) D 7	·
ity State Zip Code	Date Due	T J 44	, n. v	
A. Has toan been restructured?	If yes, date originally incurre		104	V V V V
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:			Ô.
C. Are other parties secondarily liable for the debt ind	curred? s must be reported on Schedule C.	,		
D. Are any of the following pledged as collateral for the property, guads, negetiable instruments, certifications stocks, accounts receivable, cash on deposit, or of the No the Yes III yes, specify:	s el denosit, chattel papers,	, Does the le	nder have a (O. perfected securi
E. Are any future contributions or future receipts of in	iterest income, pledged as		estimated va	
collateral for the loan? No Yes If ye	os, specily:		,	\mathcal{O}
•				
A depository account must be established pursuan to 11 CFR 100.82(e)(2) and 100.142(e)(2).	nt Location of account:			
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:			
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: 3 12 7 10 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10				
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip:			
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: 3 12 7 10 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	Address: City, State, Zip:	DATE		equal or exceed
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: If is the provide of the types of collatoral described above the loan amount, state the basis upon which this is G. COMMITTEE TREASURER Typed Name	Address: City, State, Zip:	DATE	s repayment.	equal or exceed
 to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. To be best of this institution's knowledge, the are accurate as stated above. I. The loan was made on terms and conditions similar extensions of credit to other borrowers 	Address: City, State, Zip: was pledged for this loan, or if the oan was made and the basis on with oan was made and the basis on with oan was made and the basis on with oan was made and the basis on with it (including interest rate) no more fa s of comparable credit worthiness.	DATE	s repayment,	equal or exceed
 to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collatoral described above the loan amount, state the basis upon which this loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. To be best of this institution's knowledge, the are accurate as stated above. I. The loan was made on terms and conditions 	Address: City, State, Zip: was pledged for this loan, or if the oan was made and the basis on with a was made and the basis on with vi: e terms of the loan and other inform i (including interest rate) no more far s of comparable credit worthiness. nat a loan must be made on a basis	DATE DATE nation regard worable at the	s repayment,	equal or exceed
 to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collatoral described above the loan amount, state the basis upon which this is G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrowers (II. This institution is aware of the requirement the accurate as the aware of the requirement the stated above. 	Address: City, State, Zip: was pledged for this loan, or if the oan was made and the basis on with a was made and the basis on with vi: e terms of the loan and other inform i (including interest rate) no more far s of comparable credit worthiness. nat a loan must be made on a basis	DATE DATE nation regard worable at the	s repayment,	equal or exceed

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CHEDULE D (FEC F	•			e separate	PAGE	
EBTS AND OBLIGAT	IONS		1	hedule(s) or each Ibered line)	FOR LINE NUI (check only one	
AME OF COMMITTEE (In Full) Nanufacturers A. Full Name (Last. First, Mid	Assoc. of a	Central NY Creditor	Inc.		ebi (Purpose):	C
Mailing Address				-		
City State	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - A	Zip Code	****			
Outstanding Balance Beginn	ing This Period			.		
Amount incurred This	O. Period	Payment This P	eriod	Outstandi	ng Balance at Ck	ose of This Period
		. ۹. ا	0	· · · · ·		O
B. Full Name (Last, First, Mido	le Initial) of Debtor or C	reditor		Nature of D	ebt (Purpose):	
Mailing Address						
City State	 Ī	Zip Code		4		
Outstanding Balance Beginn	0	Payment This P	eriod	Outstandi	ng Balance at Clo	ose of This Perio
. 7)	0	3 2	\mathcal{O}		1	\mathcal{O}
C. Full Name (Last, First, Mid	de Initial) of Debtor or	Creditor		Nature of D	ebt (Purpose):	· · · · · · · · · · · · · · · · · · ·
Mailing Address	المراجع			•		
Cily	S	late Zip Code	•			
Outstanding Balance Beginn	ing This Period	8 - 24 - 24 - 24 - 24 - 24 - 24 - 24 - 2		.	والمترية والمترية والمترية والمرابعة المترية والمترية المترية المترية المترية المترية المترية المترية المترية ا	
Amount Incurred This	O. Period O.	Payment This Po	eriod	Outstandir	ng Balance at Clo	ise of This Period
SUBTOTALS This Period This	Page (optional)				·····	0
TOTALS This Period (last pag	e this line number only	الكليلية كليان والموان معارجية والهامة عايا والمعار			5 '	0
TOTAL OUTSTANDING LOAI	IS from Schedule C (la:	st page only)			· ·	Ō.
ADD 2) and 3) and carry form	ard to appropriate line (of Summary Page (last	page only) >		۹,	D.

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SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	-	
Manufacturers Assoc. of (Check # 24-hour notice 48-hour notice	Pentral NY	Inc. c00532911
Full Name (Last, First, Middle Initial) of Payee		Dale
		10 14 7 10 10 1 J 7 V V V
Mailing Addross		Amount
City State	Zip Code	, O
Purpose of Expenditure	Calegory/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expen	diture:	Check One: Support Oppose
Calendar Yoar-To-Date Per Election for Office Sought	, 6	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date The other with the
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Exper-	diture:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Ő	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		• • O
(b) SUBTOTAL of Uniternized Independent Expenditures		••• • • •
(c) TOTAL Independent Expenditures		• • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	tures reported herein were nized committee or agent o	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
	Date	41 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Signature		

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALE OF CANDIDATES FOR FEDERAL OFFICE

BEHALF OF CANDIDATES	FOR FEDERA	L OFFIC	E		PAGE	OF
U.S.C. §441a(d)) (To	be used only by P	olitical Com	milleos in the Gone	oral Election)	FOR LINE 25	OF FORM 3X
ME OF COMMITTEE (In Full)		hal N		leval PAC	Chec 24-hi	ck if our notice
s your committee been designated to ma indinated expenditures by a political party YES NO	committee?		ordinate Committee			
ES, name the designating committee:	Mailir	ng Address				
	City	ang ng Berley ng		Stat	le ZIP (Code
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	inditure	
Mailing Address						Category/ Type
				Date	·····	
City	State	Zip Code		14 14 F	7 b (7	Y Y - Y -
Name of Federal Candidate Supported	Office Sought:	House Senate	State: District:	Amount		\sim
	<u>.</u>	, Presidential	<u> </u>	,	,	$\mathcal{O}_{\mathcal{O}}$
Aggregate General Election Expenditure (or this Candidate ►	. 7	, C)	Limit Rais ing (2 U.S	sed Due to Opp S.C. §441a(i)/44	ionent's Spend
Full Name (Last, First, Middle Initial) of	Each Payee		يستخصرني والبوازان والمدانية البوائي	Purpose of Expe	inditure	
						Category/
Meiling Address	۵	nių <u>1996 – 19</u> militais – <u>1999 mili</u> tais met 1984 PM	,			Туре
City	State	Zip Code		Date 15 II I	יא ג מ ל	r
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	<u>.</u>	$\mathbf{O}^{\mathbf{i}}$
Aggregate General Election Expanditure for this Candidate >	;	; Č)		sed Due to Opp S.C. §441a(i)/44	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	Inditure	
Mailing Address						Category/ Type
		7. 0.4	· · · · · · · · · · · · · · · · · · ·	Date		
City	State	Zip Code		· · · ·,	- 10 - <i>1</i> - 1	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidentiat	State: District:	Amount		\bigcirc
Aggregate General Election Expenditure for this Candidate >		: 0			; ied Due to Opp S.C. §441a(i)/44	
BTOTAL of Expenditures This Page (op	lional)		•••••	v	. ?	0
TAL This Period (last page this line num	nber only)			,		$\mathcal{O}_{\mathbf{r}}$

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DITIVE AND EXEMPT AUTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXERNSES (State, District and Local Party Genomicees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT MOT A CANDIDATE) (Beparate Sugregated Funds And Monormeted Committees Only)

NAME OF COMMITTEE (In Full)	
Monufacturers Assoc of Central NY Fee USE ONLY ONE SECTION, A OF	teral PAC
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% Federa	()
B. Separate Segregated Funds and Nonconnected	Committees
Flat Minimum Federal Percentage	
 If the committee will allocate using the flat minimum percentage of 50 Or 	0% federal funds, check
If the committee is spending more than 50% federal funds, indicate r	atio below
Federal	⁰ 9
Nonlederal	*. '',,
This ratio applies to (check all that apply):	

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUIL) MANULATCHUCCS ASSOC. OF CONTRAL NY RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID ACTIVITIES APPEARING ON THIS REPORT.		PAC
Mathods of allacation:	the dy where the federal much	
 FUNDRALSING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	inod where the lederal pro	oponion oi
II. Shared DIRECT CARDIDATE SUPPORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public com federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	lit derived by lederal candi munications or voter drives	idates from the ac-
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New New Revised	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. %
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundratsing Direct Candidate Support CHECK IF THE RATIO IS:	. %	" % .
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	o.'y	9/1
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	- <u>a</u> w	^{. 9} 9
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundrelsing Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		. ⁰ 0
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<i>™</i> ₀	X.

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	FEDERAL / NON							F0	R LINE 18	A OF FO	RM 3
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	OF TRANSFER REC								·	\mathcal{O}	
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ii) Generic	Voler Drive							3.	¥ .:	۵O۰ ۲	
HI) Exempt	Activities						• •	.э.	. 7	О,	•.•
(v) Direct Fi	undraising (List Activity	or Event Ide	ntiller)								
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b)						\bigcirc					
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	Amount Transferred For							7 .	7	\mathcal{O}_{r}	• •
v) Direct C	andidate Support (List	Activity of Ev	ient identi	mer)							
a)				,		O,					
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c) Total /	Amount Transferred For	Direct Candic	date Supp				·	•	,	0	
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vi) Public C	communications Referr					FER RECEIV		1	;		
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OTAL This Peri	od (Generic Voter Drive))		•••••••••••••••••••••••••••••••••••••••		1	\$	Ο.	-		
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VIAL INIS Peri	od (Direct Fundraising)										
OTAL This Peri	od (Direct Candidate Su	pport)	•••••••••••••				4	:	Ű		
OTAL This Peri	od (Public Communicatio	ons Referring	Only to i	Party)		••••	5		, ()	
OTAL This Peri	od (Total Amount Transf	erred)				,				\bigcirc	
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	SBURSEMENTS FOR ALLOCATED		PAGE OF
_			FOR LINE 21a OF FORM 3
<u>()</u>	Full Name (Lasi, First, Middle Initial)	I Inc.	Allocated Activity or Event:
	,	·····	Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		i Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		- Allocated Activity or Event Year-To-Date
	Activity or Event identifier:	• • •	, , , ,
		Category/ Type	at la vin o viv viv d Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	\bigcirc	\bigcirc	
3.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidale Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	· .	<u>، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، </u>
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
			Ĩ
			Allocated Activity or Event:
	Full Name (Last, First, Middle Initial)		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
		موانات مورد برمو من ومعادموه ما وم	- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:		· · · · · · · · · · · · · · · · · · ·
		Category/ Type	Date
	FEDEMAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		\sim	\frown
		0	0
5	UBTOTAL of Allocated Federal and NonFederal Activity This Page	•	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		\mathcal{O}	, . O ,
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and		
	FEDERAL SHARE NONFEDERAL	SHARE	TOTAL AMOUNT
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FEC Schedule H4 (Form 3X) Rev. 12/2004

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used b	by State, District and Local	Party Committees Only)		PAGE OF FOR LINE 185 OF FORM 3
AME OF COM	AMITTEE (In Full)			
	acturers Assoc			deral PAC.
NAME OF A	CCOUNT		TOTAL AMOU	JNT TRANSFERRED
		· · · · · · · · · · · · ·		, <u>O</u>
		, 4.1744 - 74 - 774 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 474 - 47		
	IN OF THIS TRANSFER	VOTER REGIS	TRATION	
-	Voter Registration		\frown	
	Total Amount Transferred for Voter	Registration 3 3	<u> </u>	
U)	Voter ID		VOTER ID	• .
	Total Amount Transferred for Voter	ID	\rightarrow	
88).	GOTV		GOTV	
	Total Amount Transferred for GOT	l		\bigcirc
-	•	· · ·	, , GENERIC CAMP	AIGN ACTIVITY
	Generic Campaign Activity	ic Campaign Activity	. · · · · ·	
	Iorar Amount mansterned for Gener		۶.	2 . O
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMO	UNT TRANSFERRED
		α α ν b' b' V V V V		~
			2	, O .
BOEAKOOM	IN OF THIS TRANSFER		<u>1 </u>	
		VOTER REGIS	TRATION	
-	Voter Registration Total Amount Transferred for Voter	Registration	\bigcirc	
		registration 7 \$		
H)	Voter ID			
	Total Amount Transferred for Voter	ID		
	GOTV		GOTV	
	Total Amount Transferred for GOT		· · ·	$\mathcal{O}_{\mathcal{O}}$
			GENERIC CAMP	AIGN ACTIVITY
iv)	Generic Campaign Activity Total Amount Transferred for Gener	ric Campaign Activity	. ·	\sim
		na anuhadu canad uunuuuuuu	•	
in an	TOTALS FOR BRI	EAKDOWN OF TRANSFER RECEIVED	(Last Page Only)	·
			5	
TOTAL	. This Period (Votor Registration)		O	
	This Product (Makes 10)		6	
TOTAL	This Period (Voter ID)	******	; O	
*****	This Period (GOTV)			\square
FOIAL	- 1188 FUROU (OO 1 V)	•••••••••••••••••••••••••••••••••••••••	s 5	
TOTAL	This Parlod (Generic Compaign A	tivity)		
IUIAL	a mie renuu (denenc vanipaign Ad		· ·	
TOTAL	This Period (Total Amount of Trans	sters Received)		\cap
IUIAL	THE FERMI (TOTAL MITCHIE OF TRUE		······	\mathbf{V}

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

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FOR	LINE	30a	OF	FORM	1 3X
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		-			

OF

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PAGE

	<u>al NY</u>	The Federal PAC
A. Full Name (Last. First. Middle Initial) / Full Organization Name		Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	-1	
Purpose of Disbursement	Category/ Type	25 15 16 19 5 19 17 17 Date
FEDERAL SHARE + LEVIN S		= TOTAL AMOUNT
, , <i>O</i> , ,	, <u>O</u> .	, <u>O</u>
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	1	, <u>,</u> O
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN S	HARE	= TOTAL AMOUNT
\mathcal{O}	7 . O	
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		- · · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN S		= TOTAL AMOUNT
, : U ^r ·	· · · ·	
BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SI	HARE	= TOTAL AMOUNT
O	\tilde{O}	\sim
TAL This Period (last page for each line only)(Federal share to 30(a)(i) a FEDERAL SHARE	ind Levin share to	o 30(a)(ii)) TOTAL AMOUNT
TAL This Period for the Levin Share		
N026	· <u> </u>	FEC Schedule H6 (Form 3X) Rev. 02/20(

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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

][E OF COMMITTEE (In Full)	of Contral NY I	ne Federal PAC
		COLUMN A	COLUMN B
		TOTAL THIS PERIOD	YEAR-TO-DATE
•	RECEIPTS FROM PERSONS (a) Itemized (Usu Schedhile L-A)	, , <i>O</i> .	, , <u>O</u> .
	(b) Uniternized	, <u>,</u> O.	, O.
	(c) Total	, , <i>O</i> .	, , Ö.
•	OTHER RECEIPTS	3.	, , O .
•	(Add Linas 1c and 2)	9 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	· · · · · O
•	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schodule L-B)	99 MAR 200 MAR	
	(a) Voter Registration	, <i>O</i> .	, , <u>O</u> .
	(b) Voter ID	, O .	, 0
	(c) GOTV	, , <u>U</u>	, (<u>)</u>
	(d) Generic Campaign	,	U.
	(e) Total	, 0	
•	OTHER DISBURSEMENTS		
•	TOTAL DISBURSEMENTS	<u> </u>	• . : O ₂
•	BEGINNING CASH ON HAND (for Column B. use cash as of January 1ct)	Ö.	, , <u>O</u> .
•	RECEIPTS (hom Line 3)	6	
•	SUBTOTAL	6	· · · O
).	DISBURSEMENTS	\mathcal{O}	Ō
	ENDING CASH ON HAND	0	Ó

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each calegory of the Aggregation Page
Any information copied from such Reports and Statements may or for commercial purposes, other than using the same and add	

	EMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 18 2
AI	ny information copied from such Reports and Statements may not i for commercial purposes, other than using the name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) / Full Organization Name	entral NY	Inc. Federal PAC Date of Receipt
n .	Mailing Address		1) 13 ¹ 7 13 19 19 7 7 7 19 19 19 19 19 19 19 19 19 19 19 19 19
	City State	Zip Code	Amount of Each Receipt this. Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		, , <u>)</u>
B .	Full Name (Last. First, Middle Initial) / Full Organization Name Mailing Address		Date of Receipt
	City State	Zip Cade	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		, , Ø
С.	Full Name (Last. First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		Amount of Each Receipt this Period
	City State Name of Employer or Principal Place of Business	Zip Code	\mathcal{O}
	Occupation		Aggregate Year-to-Date
	Full Name (Last, First, Middle Initiat) / Full Organization Name		Date of Receipt
D.	Mailing Address		. 20 Az - 10 20 6 7 7 7 2 7
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		D.
8	UBTOTAL of Receipts This Page (optional)	•	, , <i>O</i> .
Γ.	TAL This Period (last page this line number only)		\mathcal{O}

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OF

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

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

FOR LINE NUMBER: PAGE

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F LEVIN FUNDS	for each category of Aggregation Page	the $\begin{bmatrix} (1) + 2A + 0 + ey + 0 $
ny information copied from such Reports and St	alements may not be sold or used by a wame and address of any political comm	ny person for the purpose of soliciting contributions mittee to solicit contributions fram such committee.
NAME OF COMMITTEE (In Full)	of Contral NY	Inc. Federal PAC
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Midnle Initial) / Full Org	anization Name	Date of Disbursement
Mailing Address	, and a still a support to be provided a support of the still the still a support of the state state	
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· , O
Full Name (Last. First, Middle Initial) / Full Org	anization Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Org	anization Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Org	anization Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		O.

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Federal Election Commissior ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to ind	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
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
Date Other (Specify):	e of Receipt or Postmarked
EL	6/13/14
PREPARER (8/2013)	DATE PREPARED

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