NOTE: THE ME ONE DOOMONNO

FEGANO20

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

20150050003dmy AM 11: 22

١.	NAME OF		
	COMMITTEE	(in	(IIII)

TYPE OR PRINT Y

Example: If typing, type

12FE4M5

AD	Che tha	number and street) eck if dillerent n previously orted. (ACC)		8 Wic	a bandada ka sa	. 1:	Par	Kway NY	1136	:	
2.	FEC ID	ENTIFICATION NUI			CITY A		e como a Service a Como in 1	STATE A		ZIP CO	
	CO	053291	j i	3	. IS THIS REPORT	X	NEW (N) OF		AMENDED (A)		
4.	(Choose			port e On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M Jun 20 (M6		ig 20 (M8) ip 20 (M9)	, , , , , , , , , , , , , , , ,	Nov 20 (M11) (Non-Election Year Chity) Dec 20 (M12)
	(a) Qua	April 15 Quarterly Report (Q1 July 15). (c)	12-Day	Api 20 (M4)	Primary (1	Jul 20 (M7) 2P)		:1 20 (M10) 11 (12G)		Hw-Election Your Oray) Jan 31 (YE) Runoff (12R)
	×	Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE		Report for the	e: action on	Convention	i (12C)	Specia	(12S)	in the State o	ſ
	•	July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d)	30-Day POST-Election Report for the		General (3	0G)	Runoff	(30 A)		Special (30S)
		(TER)	:	Ek	ection on	4) (S	F (5)			in the State o	•
5.	Covering	Period 0 7	Ö	1 20	15	through	Ö	9 30	20	15	
	=	have examined this					belief it is	true, correct a	nd comple	le.	
Sigi	nature of	Name of Treasurer Treasurer	1	- To	OS				•		2015
NO	Off	ssion of false, erronectice se	us, or Inc	omplete informa	ation may su	bject the pe	reon eigning	this Report to	FEC	FOR	M 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write of	Type	Committee	Name

Manufacturers Assoc of Contral NY Inc Federal PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 .	(a) Cash on Hand January 1, 26 15		0
	(b) Cash on Hand at Beginning of Reporting Period	14200	
	(c) Total Receipts (from Line 19)		175000
	(d) Subtotel (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	742.00	175000
•	Total Disbursements (from Line 31)	2400	103200
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	718.00	718 00
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	O	O

For further information contact:

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

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

FEGAN020

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rov. 06/2004)

Page 3

Write or Type Committee Name							
M	1	\cap	0.1.1	1 11			000
Manufacturers	H2200C	0	(ontral	KN	ANC.	Hedura I	PHC.
,							

1. 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	,		-
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)	, , , , , , , , , , , , , , , , , , ,		0			50 00 50 00
	(b) Political Party Committees			0			0
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	'n	ı	0		1.7	50.00
13.	All Loans Received	٠.		.0	,		0
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		,	0	:	;	6
16.	(Carry Totals to Line 37, page 5)		,) (1)		:	0
	Political Committees	:	,	0	÷	· · · · · · · · · · · · · · · · · · ·	,0
	(a) Non-Federal Account (from Schedule H3)			0		· 4	0
	(b) Levin Funds (trom Schedule H5)	:		0	, y	ŧ	D O
			·		·		U
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			0		1	0
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶			0			0

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)			,	Page 4		
II. Disbursements		COLU Total Thi		COLUMN B Calendar Year-to-Date		
21. Operating Expenditures: (a) Allocated Federal/Non-	deral	(014) 1111	4	Caterida	1 1601-10-0	<u>~</u>
(i) Federal Share	•		. 0	v	4	U
(ii) Non-Federal Share			. a			D
(b) Other Federal Operating		. ,		;	•	ð
Expenditures			G_{\cdot}	;		U
(c) Total Operating Expenditu		•	•			\wedge
(add 21(a)(l), (a)(li), and (l 22. Transfers to Affiliated/Other Pa		:	·	•	•	Ų
Committees	•	, ,	. 0		5.	. ()
 Contributions to Federal Candidates/Committee)		• .	•	
and Other Political Committees	S	n-, :	\mathfrak{g}		1.00	りりつ
24. Independent Expenditures			Õ		1, 1	2
(use Schedule E)	\$	*	0	t.	1	
(use scalebase r)	***************************************	· •	Ū		. 1	U
26. Loan Repayments Made	************	, ,	. 0	,		. 🕥
			Š	•		
27. Loans Made		, ,	. 0	,	:	· O
(a) Individuals/Persons Other Than Political Committees			Ò		• •	Ŏ
man Fomesi Committees	****************	; f	· U	:	1 .	· U
(b) Political Party Committees	41.000,000.00.000.00		θ	3		7
(c) Other Political Committees			Š	,	. :	0
(such as PACs)	**********		U	2		U
Adi Trans Constitution Software			\mathfrak{g}			^
(d) Total Contribution Retunds (add Lines 28(a), (b), and			ň			Ü
form more rotati (a); and	(0)//	7	· V	**		_
29. Other Disbursements	.,	r	2400	1	, 3	2.00
30. Federal Election Activity (2 U.S	S.C. §431(20))					
(a) Allocated Federal Election	Activity					
(from Schedule H6)		•	\circ		·	λ
(i) Federal Share	***************************************		.0	7	•	. 0
(ii) "Levin" Share	*************	,	0			U
(b) Federal Election Activity P	aid Entirely					Λ
With Federal Funds		9 1	U		;	. 0
(c) Total Federal Election Acti	• •		$\boldsymbol{\mathcal{D}}$			D
Lines 30(a)(i). 30(a)(ii) an	o 30(n))₽	. 1	0	> >	:	
31. Total Disbursements (add Lines	s 21(c), 22,					
23, 24. 25. 26, 27, 28(d). 29 a		:	2400	r	1.03	3200
32. Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line			α			\sim
from Line 31)			\mathcal{O}			

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)					Page 5		
III. Net Contributions/Operating Expenditures				_	DLUMN B ar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	: .		0	;	1750.00		
34. Total Contribution Refunds (from Line 28(d))		,	1				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	:		Ŏ.	•	17600		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,		ე ე	•			
37. Olfsets to Operating Expenditures (from Line 15, page 3)	,	٠.	9		Ć		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	· · · · · · · · · · · · · · · · · · ·	₹,	Õ				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedulo(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 110 110 110 110 12 12 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	te name and address of any political commit	person for the purpose of soliciting contributions too to solicit contributions from such committee. LNY Inc. Federal PAC
Full Name (Last, First, Middle Initial) A.	sace. or trink	Date of Receipt
Mailing Address		the second of th
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing lederal political committee.	С	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ♥	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address City	State Zip Code	4
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ♥	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address	ung, no quels as del proprieto por porte principal de porte principal de la principa del principa de la principa de la principa del principa de la principa del la principa del la principa de la principa de la principa del la principa de la principa del la principa	e grant in a second
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		• 0

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

i	1				
	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE OF
11	EMIZED DISBURSEMENTS	for each category of the Dotailed Summary Page	216	·	24 25 26 28c 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na				
K	NAME OF COMMITTEE (In Full)	nio and address or any position	o Commande	O SORCE CONTENDENCES I	Off Such Communes.
À	Manufactures Assoc.	of Central	NY	Inc. Fee	Leral PAC
A.	Full Name (Last, First, Middle Iniliat)			Date of Disbursem	ent
	Mailing Address	 		5 6 7 6 6	
	City	State Zip Code			
	Purpose of Disbursement			Amount of Each D	isbursement this Period
	Candidate Name		Category/ Type	Autobalt de Cach Of	\bigcirc
	Office Sought: House Disburse Senate Prosident	ment For: Primary General Other (specify)		li	
	State: District:				
	Cull Manya II and Eiret Middle Initial			1	
В.	Full Name (Last, First, Middle Initial)			Date of Disbursem	ent
В.	Mailing Address	والمراجعة		Date of Disbursem	ent :
В.		State Zip Code			ent
В.	Mailing Address	State Zip Code		w d n n n	ent sbursement this Period
В.	Mailing Address	State Zip Code	Category/ Type	w d n n n	
В.	Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President	State Zip Code ment For: Primary General Other (specify)		w d n n n	
В.	Mailing Address City Purpose of Disbursament Candidate Name Office Sought: House Disburse Senate President State: Obstrict:	ment For: Primary General		w d n n n	
B. C.	Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President	ment For: Primary General		Amount of Each Di	sbursament this Period
witge	Mailing Address City Purpose of Disbursament Candidate Name Office Sought: House Disburse Senate President State: Obstrict:	ment For: Primary General		Amount of Each Di	sbursament this Period
witge	Mailing Address City Purpose of Disbursement Candidata Name Office Sought: House Disburse Senate President State: Obstrict: Full Name (Last, First, Middle Initial) Mailing Address	ment For: Primary General		Amount of Each Di	sbursement this Period
witge	Mailing Address City Purpose of Disbursoment Candidata Name Office Sought: House Disburse Senate President State: Obstrict: Full Name (Last, First, Middle Initial) Mailing Address	ment For: Primary General Other (specify)		Amount of Each Di	sbursament this Period
witge	Mailing Address City Purpose of Disbursament Candidata Name Office Sought: House Disburse Senate President State: Obstrict: Full Name (Last, First, Middle Initial) Mailing Address City	ment For: Primary General Other (specify)		Amount of Each Di	sbursament this Period

Stato:

Senate

District:

President

Primary

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

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

Other (specify)

General

SCHEDULE C (FEC Form 3X) LOANS

PAGE OF Use separate schedule(s) for each calegory of the

	Detailed Summary Page FOR LINE 13 OF FORM :	3X
ME OF COMMITTEE (In Full) AND FACTURES ASSOC OF COAN SOURCE Full Name (Last, First, Middle Initial)	entral NY Inc. Federal Pl	H
Mailing Address	Primary General Other (specify)	
	P Code	
Original Amount of Loan Cumulative Paymen	nt To Date Balance Outstanding at Close of This F	²erio
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Ouc Interest Rate Secured: % (apr) Yes	j 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 Guarantoed 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	
Ony Glate 24 Gode	Outstanding:)
BTOTALS This Period This Page (optional))
TALS This Period (last page in this line only)	The same of the sa	· }
arry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summ	ary.

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

Supplementary for information found on

of Schedule C Page Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** C00532911 SSOC. of Central NY Inc Feb. PAC Interest Rate (APR) Full Name **Mailing Address** Date Incurred or Established City State Zip Code Date Due If yos, date originally incurred A. Has loan been restructured? No Yes B. If line of credit. Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? Yes (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the toan: 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 Il yes, specify: Does the lender have a perfected security interest in it? : No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? . No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: The second of the second City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 1. 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. 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 torth at 11 CFR 100.82 and 100.142 in making this loan. **AUTHORIZED REPRESENTATIVE** DATE Typed Name Title Signature

SCHEDULE D (FEC Form 3X)

(Use separate schedulo(s)

PAGE FOR LINE NUMBER: OF

xcluding Loans				(check only one)	9
NAME OF COMMITTEE (In Full)		Payment This Period Payment This Period Code Payment This Period Outstanding Balance at Close of The Outstanding Balance at Close of T	L_L_ <u>``</u>		
Nanufacturer Assoc A. Full Name (Last, First, Middle Initial) o		Inc	Feder Nature of Da	Purpose):	
Mailing Address					
City State	Zip Code	-			
Outstanding Balance Buginning This Pe	ariod	1			
Amount Incurred This Period		Ď	Outstandin	·	of This Period
B. Full Name (Last, First, Middle Initial) of	Debtor or Creditor		Nature of De	ebt (Purpose):	
Mailing Address	·				·
City State	Zip Code				
Outstanding Balanco Beginning This Pe	alod	-	, , , , , , , , , , , , , , , , , , , 	rde umditgenogin i egi g sigmer amidi, gegerny e as ya imbo-	
Amount Incurred This Period	0	,	Outstandin		of This Period
		J			
C. Full Namo (Last, First, Middle Initial) o	of Deblar or Creditor		Nature of Da	abt (Purposo):	
Mailing Address	p in the second matter according to the contract of the second se				
City	State Zip Code				4
Outstanding Balance Beginning This Pe	arloid	· · · · · · · · · · · · · · · · · · ·			
Amount Incurred This Period	Payment This Period	i .	Outstandin	g Balunce at Close o	of This Period
	0	0		·	
) SUBTOTALS This Period This Page (opti	ional)				0

2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES		PAGE OF FORM 3X
MAGUE OF COMMITTEE (In Full)))	FEC IDENTIFICATION NUMBER •
Check if 24-hour notice 48-hour notice	Pentral NY	1000 C00532911
Full Name (Last, First, Middle Initial) of Payee		Dato
Mailing Address		A CONTRACTOR OF A CONTRACTOR
		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	, 0	Disbursoment For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Dale
Mailing Address		William State of the William S
City State	Zip Code	Amount
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	iture:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	. 0	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		•
(b) SUBTOTAL of Uniternized Independent Expenditures	agy objects to ad to 1914 at the son I see sugaris as	•
(c) TOTAL Independent Expenditures		· • , , , , , , , , , , , , , , , , , ,
Under penalty of perfury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Signature	Date	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) PAGE ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Malling Address Type City State Zip Code Name of Foderal Candidate Supported Office Sought: House State: **Amount** : Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City Zip Code Name of Federal Candidate Supported Office Sought: House Statu: **Amount** Senete District: **Presidential** Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amoun!** Senale District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional)...... TOTAL This Period (last page this line number only)......

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)					
TWITH TESIGENTIAL AND TECHNIC LIEUWIN TOOL (1070 TOOLAY)					
B Senarate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Of					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Of If the committee is spending more than 50% federal funds, indicate ratio below					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check of If the committee is spending more than 50% federal funds, indicate ratio below Federal					

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF

Manufactures Assoc of Contral NY Inc Federal PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monles 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 A	MONECOEDAL O
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		
=	A ₀	. 97
CHECK IF THE RATIO IS:	Ĭ	
New Revised Same as Previously Reported		·
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	· FEDERAL 78	NONFEDERAL 78
Fundraising Direct Condidate Support		,
CHECK IF THE RATIO IS:	•	,
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ger Spenner og tilsk styrringer forskriversprend for parameter spenner til fle av 175 og styrringe styrringe fle gjert flerste fle styrringe flerste f	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	- No. 1997	4
CHECK IF THE RATIO IS.		
New Revised Same as Proviously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	200	***
CHECK IF THE RATIO IS:	***	*1.
Now Revised Same as Previously Reported		
Gatte as Freshously reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	*	, " " " " " " " " " " " " " " " " " " "
CHECK IF THE RATIO IS:	1	
New Revised Same as Previously Reported		
New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER		<u> </u>
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %

SCHEDULE H3 (FEC Form 3X)-TRANSFERS FROM NONFEDERAL ALLOCATED FEDERAL / NONFEDE

iansfers from Nonfederal Located Federal / Nonfede			PAGE	OF
			FOR LINE 1	Ba OF FORM 3X
Me of committee (in full) Moutactives Assoc	of Contral NY=	Inc. Fe	deral	PAC
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AN	MOUNT TRAN	ISFERRED
	3 - W - W - W - W - W - W - W - W - W -		:	
BREAKDOWN OF TRANSFER RECEIVED				E
i) Total Administrative		У	,	
ii) Generic Vater Drive		. у	,	.0
ili) Exempt Activities		,	į	0
iv) Direct Fundralsing (List Activity or Even	nt Identilier)			
a)				
b)	0			
c) Total Amount Transferred For Direct Five V) Direct Candidate Support (List Activity)	andreising	ş	1	, O
0)				
b)	O			
c) Total Amount Transferred For Direct C	Candidate Support	τ	1	0
vi) Public Communications Referring Only	y to Perty (Made by PAC)	· · · · · · · · · · · · · · · · · · ·	:	0
	LS FOR BREAKDOWN OF TRANSFER RECEIVE			
OTAL This Period (Administrative)	······································)	
OTAL This Period (Genetic Voter Drive)			\bigcirc	
TAL INS PEROO (CESENE VOICE DIVE)		,		
OTAL This Period (Exempt Activities)	:		.0	
OTAL This Period (Direct Fundraising)	, , , , , , , , , , , , , , , , , , ,	. i	C	
OTAL This Period (Direct Candidate Support)				0
OTAL This Period (Public Communications Refe	erring Only to Party)		;	\bigcirc

20-15: -12: MH: OM: OOOMONGA

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

1	PAG	E	U	r		
1						
4			~			
- 1		1 16.15	24-	OF	EODA4	

	MUTACTURES HS Full Name (Last, First, Middle Inilia	SOC _	or C	entral N	I AC.	Allocated Activity or Event
•	rui Name (Lasi, Firsi, Middle imik	11)			•	Administrative Fundraising Exemp
	Mailing Address	······································	······································	· · · · · · · · · · · · · · · · · · ·		Voter Drive Direct Candidate Suppo
	City		State	Zip Code		Public Comm (ref to party only) by PAC
					-	Afficiated Activity or Event Year-To-Date
	Purpose of Disbursement:					
٠	Activity or Event Identifier:		······································			7 1 1
					Calegory/ Type	Date
	FEDERAL SHARE		+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	÷	O			0	0
-	Full Name (Last, First, Middle Initia	<u></u>				Allocated Activity or Event:
	TOU MAINE (Casi, THES, MINOUE HINE					Administrativo Fundralsing Exemp
	Mailing Address					Voter Drive Direct Candidate Suppo
	City		State	Zip Code		Public Comm (rel to party only) by PAC
	Dunana of Disharananah			· · · · · · · · · · · · · · · · · · ·		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:					
•	Activity or Event Identifier:					
						.
					Category/ Type	politica de la companya della companya della companya de la companya de la companya della compan
	FEDERAL SHARE		+	NONFEDERAL	Туре	1
		.0	+		Туре	Date
	FEDERAL SHARE	. 0	+	NONFEDERAL	Туре	Date
	FEDERAL SHARE Full Name (Last. First, Middle Initia	<u>()</u>			Туре	Date = TOTAL AMOUNT
	FEDERAL SHARE	· O	+		Туре	Date = TOTAL AMOUNT Allocated Activity or Event:
•	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City	. ()	+ State		Туре	Date = TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp
•	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City	0			Туре	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support
•	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City	. 0			Туре	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date
-	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City	0			SHARE	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date
	FEDERAL SHARE Full Name (Last. First. Middle Initial Mailing Address City Purpose of Disbursement:	0			Туре	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date
•	FEDERAL SHARE Full Name (Last. First. Middle Initial Mailing Address City Purpose of Disbursement:				SHARE Category/ Type	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date
•	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	0	State	Zip Cod8	SHARE Category/ Type	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
-	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	0	State	Zip Cod8	SHARE Category/ Type	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	0	State +	Zip Code NONFEDERAL	Category/ Type SHARE	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
-	FEDERAL SHARE Full Name (Last, First, Middle Initia Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	0	State	Zip Coda NONFEDERAL	Category/ Type SHARE	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
-	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	0	State +	Zip Code NONFEDERAL	Category/ Type SHARE	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	FEDERAL SHARE Full Name (Last, First, Middle Initial Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	O NonFedera	State + Activity Tr	Zip Cods NONFEDERAL IIS Page NONFEDERAL	Category/ Type SHARE SHARE NonFederal sh	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

NAME OF CO	MMITTEE (In Full)	of Contra	al NY	Inc Fed	eral PAC.
NAME OF	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT	TRANSFERRED
		9 M . R M	with a second	•	
				1 '	7
BREAKDON	VN OF THIS TRANSFER				
}	Voter Registration		VOTER REGISTRA	ATION	
, "	Total Amount Transferred for Voter	Registration		\bigcirc	
			y y	OTER ID	
(1)	Voter ID				
	Total Amount Translerred for Voter	1D		, , , , , , , , , , , , , , , , , , ,	
an an	GOTV			GOTV	
	Total Amount Transferred for GOT	v			\mathcal{O}
	•••	·		GENERIC CAMPAIG	N ACTIVITY
tv)	Generic Compaign Activity	ula Campalan Astirili		•	
	Total Amount Transferred for Gene	нс Сатради Асачіу	440040000000000000000000000000000000000	Y :	
NAME OF A	CCOUNT	DATE OF RECEIPT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL AMOUNT	TRANSFERRED
I WANTE OF A	3000111	a d / b o	5 Y 5 .	·	
			1	7	1
BREAKDO	NN OF THIS TRANSFER		VOTER REGISTRA	ATION	
0	Voter Registration		VOIEN REGISTRA	Ant.m	
	Total Amount Transferred for Voter	Registration		.0	
44	Voter ID .		, wo	OTER ID	
1	Total Amount Transferred for Voter			\mathbf{O}	
}				GOTV	
Hii)	GOTV				
	Total Amount Transferred for GOT	V	*******	j , , , , , , , , , , , , , , , , , , ,	. 0
iv)	Generic Campaign Activity			GENERIC CAMPAIGI	N ACTIVITY
	Total Amount Transferred for Gene	nic Campaign Activity		\	. O
			and the second seco		
	TOTALS FOR BR	EAKDOWN OF TRANSFE	R RECEIVED (La	st Page Only)	
TOTA	. This Period (Voter Registration)	********************		\circ	
			•		
TOTAL	. This Period (Voter ID)	***************************************		\circ	
TOTA	. This Perlod (GOTV)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\bigcirc
	• •			*	
TOTA	L This Period (Generic Campaign A	ctivity)			$\bigcirc \cdot$
,		-			•
TOTA	This Period (Total Amount of Tran	sters Received)		••••	\cap
,	• • • • • • • • • • • • • • • • • • • •	,			

NOTE: HOLLOW. DODNOMAG

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)

PAGE OF
FOR LINE 30a OF FORM 3X

						
IAME OF COMMITTEE (In Full)		0 0	4 4			0.40
Habutacturek A.	200C	of Contra	NY.	Inc.	Federal	PHC,
A. Full Name (Last. First, Middle Ini	ial) / Full Org	anization Name		Type of Alla	cated Activity or Event	l:
				Voter	Registration D Ge	GOTV neric Campaign
Mailing Address				Allocate	ed Activity or Event Yea	ar-To-Date
City	State	Zip Gode	-	-	· · · · · · · · · · · · · · · · · · ·	
Purpose of Disbursement	***		Category/	1	· · · · · · · · · · · · · · · · · · ·	1
			Туре	Date		·
FEDERAL SHARE	+	LEVIN S	HARE	£	TOTAL AMOUNT	•
	0)		\bigcirc
		,		1 200 00 48	cated Activity or Even	
B. Full Name (Last, First, Middle Init	ial) / Full Orga	enization Name		1 **	Registration	GOTV
				Voter	_	neric Campaign
				49	- 4 A - 41 - 24	T . D .A.
Mailing Address				Allocali	ad Activity or Event Ye	er-10-Date
City	State	Zlp Code		-	4 4	
		·				
Purpose of Disbursement			Category/	Date		ï,
			Type	1		
FEDERAL SHARE	+	LEVIN S	HARE	=	TOTAL AMOUNT	r _
	.0		, .Ĉ)	η	0
C. Full Name (Last, First, Middle Init	int (Cult Over	entration Nome		Time of All	cated Activity or Even	
C. Full Ivania (Cast, Filst, middle fill)	aa) / rus Oty	Hintdocks (Adviso		1	Registration	GOTV
				Voter 1		meric Campaign
				Allocate	ed Activity or Event Ye	ar.Ta.Data
Malling Address				Allucati	SO ADDRESS OF EAGUR 16	al-10-Dale
City	State	Zip Code		-	•	
			_			
Purpose of Disbursement			Category/	Date		
CONTRACT ON A STATE			Туре			······································
FEDERAL SHARE	+	LEVIN S	HAME	=	TOTAL AMOUNT	_
1 .	Ö	•	, , ,)		\circ
(IDTOTAL - (O)		D				
UBTOTAL of Shared Federal and Levi FEDERAL SHARE	n Aciwity This ⊥	Page LEVIN SI		=	TOTAL AMOUNT	,
FEBERAL SHARE	\bigcirc	FEATING OF		. —	TO THE AMOUNT	
				•		
OTAL This Period (last page for each	line anly)(Fed	eral share to 30(a)(i) a	nd Levin share t	o 30(a)(ii))	ngogina ninga n	
FEDERAL SHARE	_				TOTAL AMOUNT	
•	\circ	LEVIN SI	HARE		2	\mathcal{O}
OTAL This Period for the Levin Share			C	`		
Asher 1110 Laison for file Faant 21800		1)		

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

MAN	anufactures Assoc	of Contral	NYI	ne Fed	eral	PAC
NAM	E OF ACCOUNT			***		
		COLUMN A TOTAL THIS PE			LUMN B R-TO-DATI	
.1.	- RECEIPTS FROM PERSONS (a) Itemized(Uso Scheddo L-A)	,	.0	,	÷	
	(b) Uniternized	9	0			0.
	(c) Total		0	. +	£ .	
2.	OTHER RECEIPTS	4	0			0
3.	TOTAL RECEIPTS	**************************************	0		;	0
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedigh L-B)					
	(a) Voter Registration		0		,	0
	(b) Voter ID		0	,		.0
	(c) GOTV		<i>,</i> O		:	0
	(d) Generic Campaign	4 5	0	:		0
	(e) Total		0		÷	0
5 .	OTHER DISBURSEMENTS	:	O	à	;	
6.	TOTAL DISBURSEMENTS(Add Linns 40 and 5)	, i	0	·	,	0
7.	BEGINNING CASH ON HAND(for Critation B. use each us of Jensony 1st)		0	*		. 0
8.	RECEIPTS	÷	0			0
9.	SUBTOTAL(Add Lines 7 and 8)	:	0			
10.	DISBURSEMENTS		D			\bigcirc
11.	ENDING CASH ON HAND		0	• •		\bigcirc
	• ,		0		·	0

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

PAGE OF Use separate schedule(s) for each category of the FOR LINE NUMBER: (check only one) Aggregation Page Any information copied from such Reports and Statements may not be said 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last. First, Middle Initial) / Full Organization Name **Date of Receipt** Mailing Address Amount of Each Receipt this Period City State Zip Cade Name of Employer or Principal Place of Business Aggrogate Year-to-Date Occupation Full Name (Last. First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First. Middle Initial) / Full Organization Name **Date of Receipt** D. Mailing Address Amount of Each Receipt this Period State Zip Code CHY Name of Employer or Principal Place of Business Aggregate Year-to-Date SUBTOTAL of Receipts This Page (optional)...... TOTAL This Period (last page this line number only)......

SCHEDULE L-B (FEC Form 3X)

FOR LINE NUMB	ER. P	NGE	OF
(chack only one)	H4a	40	5

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
Manufactures Assoc of (Contral NY I	nc. Federal PAC
Full Name (Last, First, Middle Initial) / Full Organization Nam A.	10	Date of Disbursement
Mailing Address		week and the second of the second
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursament		
Full Name (Last, First, Middle Initial) / Full Organization Nam 8.	e	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpase of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam C.	8	Date of Disbursement
Mailing Address		v.
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam D.	e	Date of Disbursement
Mailing Address		$\mathcal{B} = \mathcal{B} = \{ (\alpha, \beta, \beta) \mid \alpha \in \mathcal{B} : \beta \leq \lambda \leq \lambda \leq \lambda \leq \lambda \}$
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last. First, Middle Initial) / Full Organization Name.	9	Date of Disbursament
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	ATTER CONTRACTOR OF STATE OF S	0
SHETOTAL of Dishurpements This Base (entirest)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		

5788 Widewaters Parkway Syracuse, NY 13214 RECEIVED TER FEC MAIL CENTER AM 11: 22

Federal Election Commission 999 E. Street M. Washington DC 20463





Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked USPS First Class Mail **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):

PREPARER (3/2015)