

FEC FORM 3X

REPORT OF RECEIPTS

For Other Than An Authorized Committee

RECEIVED

通性NOV -3 AH II: 38

1.		NAME OF		
	•	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 MAIL CENTER

		facture Federal			ciati	on	of Ce	ntro	<u> I. N</u>	ew.	York
		number and street)			dewa	ters	Park	way	4-1-1-1		
	thai	eck if different n previously orled. (ACC)	Syr	acus	e		<u>-</u>	[K'N]	132	19-	
2.	FEC ID	ENTIFICATION NU	MBER ▼		CITY 🛦			STATE A		ZIP COI	DE 🛦
	c O	05329	1 1 ₈		3. IS THIS REPORT	X	NEW (N) OR	A 4)	MENDED		
4.	(Choose	OF REPORT One) urterly Reports:		nthly port on:	Feb 20 (M2) Mar 20 (M3)	•	May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	THE STATE OF	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Nun-Election Year Only)
	, .	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	X	Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q	2) (c)	12-Day PRE-Electi Report for		Primary (1		General Special			Runoff (12R)
	<i>/</i> \	January 31 Year-End Report (Y	:		Election on	C M	* 1 - 0 - 1	g - V * * - 5		in the State of	
	: ,	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Elect Report for		General (3	0G)	Runoff ((30R)		Special (30S)
		Termination Report (TER)		·	Election on	N: - W'	e book of	v - 7 * v	-	in the State of	•
5.	Covering	Period· Ö	7 B	1 20	0)4	through	09	30	ŽŎ	14	
		I have examined thi	\triangle	and to the b	est of my kno	wledge and	d belief it is tru	e, correct ar	id complet	le.	
Тур	e or Print	Name of Treasurer	/Jd	hn	F. C)sta					
Sigi	nature of	Treasurer				<u></u>	D	ate Î	2	2	2014
NO.		ssion of false, errone	ous, of ind	omplete info	rmation may su	bject the p	erson signing th	is Report to	T		
1	U:	ice se ily	V							FOR ev. 12/20	

FE6AN026



SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write	or T	vne	Com	mittee	Name

Manufacturers Assoc. of Contral NY Inc. Federal PAC

				COLUMN his Perio					OLUMN lar Year-		
				ins Pen	 -		<u> </u>	Calenc	iar rear-	io-pate	
6. (a) (Cash on Hand January 1, 2014							······································		0	•
	Cash on Hand at Beginning of Reporting Period		• . "•	1,	O.						
(c) ⁷	Total Receipts (from Line 19)		,		0		 :	and the second		<u></u> 0	
6	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		•		0				ar kerter	0	
7. Total	Disbursements (from Line 31)		1	· · · · · · · · · · · · · · · · · · ·	0				,··· .	0	
Repo	on Hand at Close of rting Period ract Line 7 from Line 6(d))		1	2	0			·		0	
the C	s and Obligations Owed TO committee (Itemize all on dule C and/or Schedule D)				0						
the C	s and Obligations Owed BY committee (Itemize all on dule C and/or Schedule D)		,	. •	C)					
· 1	his committee has qualified as a multic	andidate c	committee	e. (see FE	C FORM	/ 1M)					

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. 06/2004)

Page 3

Write or Type Committee Name

Manufacturers Assoc of Central NY Inc. Federal PAC

Report Covering the Period: From:		То:						
	l. Receipts	COLUMN A Total This Period		COLUMN Calendar Year				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	, , , , , , , , , , , , , , , , , , ,	0		0			
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	***************************************			0			
	(b) Political Party Committees		0	· · · · · · · · · · · · · · · · · · ·	0			
12.	11(a)(iii). (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Alfiliated/Other Party Committees	1, , ,	0		0			
13.	All Loans Received	, ,	6	, , ,	$\hat{\wedge}$			
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	, ,	0	, 7	<i>O</i>			
	Refunds of Contributions Made to Federal Candidates and Other Political Committees	, ,	0	, , , , , , , , , , , , , , , , , , ,	\bigcirc			
18.	(Dividends, Interest, etc.)	7	0	,	<i>O</i> .			
	(from Schedule H3)(b) Levin Funds (from Schedule H5)	7	0	7 	0			
	(c) Total Transfers (add 18(a) and 18(b))	2 1	0.) I	0			
19.	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

Page 4

FEC Form 3X (Rev. 02/2003) COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Individuals/Persons Other (a) Than Political Committees (b) Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contribution Refunds 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22. 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) COLUMN B COLUMN A III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than toans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

FE6AN026

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	,	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any per to name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		NY Inc. Federal PAC
A. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing lederal political committee.	C	Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼	- - -
Full Name (Last. First, Middle Initial) 3		Date of Receipt
City FEC ID number of contributing	State Zip Code	Amount of Each Receipt this Period
federal political committee.	Occupation	, . O
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Mailing Address		Date of Receipt
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: i Primary General Cother (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, , O.
TOTAL This Period (last page this line number	only)	. 0

SCHEDOLE B (LEC. LOWN 3X)	Han aumante anhamble	FOR LINE		PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only] 24	
	Dotailed Summary Page	21b	22 23 28a · 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any perso	on for the purpose of s	oliciting contributions
NAME OF COMMITTEE (In Full)	* :			
Manufactures Assoc.	of Central	NY	Inc. Fed	eral PAC
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
			M W 0 0	
Mailing Address				
City	State Zip Code			
	Tara Zip Codo			
Purpose of Disbursement			4	to a constitute theretal
Candidate Name			Amount of Each Dis	bursement this Period
		Category/ Type	• . d l., B leep	, O
Office Sought: House Disbursen				
1.1 1.1	Primary General Other (specify)			•
State: District:				
Full Name (Last, First, Middle Initial)				
3.			Date of Dishurseme	
Mailing Address	 		ам от	
City 5	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type	¥ .	$\bigcap_{i \in \mathcal{I}} C_i$
Office Sought: House Disbursen	nent For:	.,,,,	, .	,
	Primary General			
President State: District:	Other (specify) ▼	•		
Full Name (Last, First, Middle Initial)				
: .			Date of Disburseme	
Mailing Address			ធ្លាវ គ ម	The Control of the State of the
City	State Zip Code			
Purpose of Disbursement			·	
			Amount of Each Dis	bursement this Period
Candidate Name		Calegory/ Type		
Office Sought: House Disturser	nent For:	туре	5	
Senate	Primary General			
President State: District:	Other (specify)			
Ciale. Dismo.				
SUBTOTAL of Disbursements This Page (optional)			7	
TOTAL TIPE O			• " .	
TOTAL This Period (last page this line number only).		······	<u> </u>	

DANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (IN I		entral NY In	C. Federal PAC
Mailing Address			Primary General Other (specify)
City	State ZIF	P Code	
Original Amount of Loan	Cumulative Paymer		e Outstanding at Close of This Period
	0	6	0
TERMS Date Incut 11 6 / 0 0 /			Secured: % (apr) Yes No
i .	uarantors (if any) to Loan Source		
1. Full Name (Last, First	I, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	, 0
2. Full Name (Last, First.	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, O
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address	·	Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, 0
4. Full Name (Last, First.	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	0
SUBTOTALS This Period Th	nis Page (optional)		
'OTALS This Period (last pa	age in this line only)		, 0

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			<u> </u>	
NAME OF COMMITTEE (In Full)		(= -	IDENTIFICATION NUMBER	
Manufacturer Assoc of Ce	ntral NY Inctel	PAC C	00532911	
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)	
Full Name	, ,	2	۰, ۵/۵	
Mailing Address			7 7 6 + B - 2 - V" - V - V ¹ / ₂ V	
	Date Incurred or Established		7 0 0 10 1 7 V Y Y Y	
City State Zip Code	Date Due		, 0 5 7 7 7 4	
A. Has loan been restructured? No Yes	If yes, date originally incurre	id .	Continue of Vivine and	
B. If line of credit, Amount of this Draw: , , (Total Outstanding Balance:		. <i>O</i> .	
C. Are other parties secondarily liable for the debt incurr	ed? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?		
No Yes II yes, specify:		Does the lender have a perfected security interest in it? No Yes		
E. Are any future contributions or future receipts of interc	est income pledged as	~	estimated value?	
collateral for the loan? No Yes If yes.	(, O	
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 wa the loan amount, state the basis upon which this loan				
G. COMMITTEE TREASURER		DATE		
Typed Name		e '4 .	. 6 6 . 4 . 4 .4	
Signature			·	
H. Attach a signed copy of the loan agreement.		·····		
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. 				
II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	f comparable credit worthiness. a loan must be made on a basi	s which assu		
AUTHORIZED REPRESENTATIVE	111 100.02 and 100.142 III Mak	DATE		
Typed Name		N E		
• • • • • • • • • • • • • • • • • • • •	tle		· · · · · · · · · · · · · · · · · · ·	

CHED	ULE D (FEC Form 3X)		(Use separa	ماه	PAGE	OF
•	AND OBLIGATIONS	· ·	schodule(s) FOR L	INE NUMBER:	
	g Loans		for each numbered fir		only one)	9
AME OF	COMMITTEE (In Full)	^ ^				
Danu	Hacturers Assoc.	of Central NY I	nc. Fed	teral	PAC	
A. Ful	li Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature	of Debt (Pur	oose):	
						•
Mailing	Address					
City	State	Zip Code				
Outs	standing Balance Beginning This Perloc	d	L			
	\bigcirc					
	Amount Incurred This Period	Payment This Period			ce at Close of	This Period
	,		,	e problema Name		$\mathbf{}$
B. Full	Name (Last, First, Middle Initial) of De	ebtor or Creditor		of Debt (Pur		
	, , , , , , , , , , , , , , , , , , , ,				•	
Mailing	Address					
City	State	Zip Code				
Outs	tanding Balance Beginning This Period	 	<u>-</u>	······································		
	\bigcirc					
	Amount Incurred This Period	Payment This Period	Outs	landing Balan	ce at Close of	This Period
	, ,	, , ,)	ora Tricki Santa	, (Ć
C. Ful	I Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature	of Debt (Pur	pose):	
					•	
Mailing	Address	المساحة بوياكات والسنياة فالدفاة بهيوم مناجه يهيا فسنتها بسياتك مميم والاستبياني وي				
City		State Zip Code				
Outs	tanding Balance Beginning This Period	j				
	, , ,					
	Amount Incurred This Period	Payment This Period	Outst	anding Balan	ce at Close of	This Period
		; , ()	3		\mathcal{I}
<u> </u>						~
) SUBT	OTALS This Period This Page (options	al)	•		. (ノ
) TOTA	LS This Period (last page this line num	nber only)	•	1	. ()
) TOTA	L OUTSTANDING LOANS from Sched	dule C (last page only)	 >	c	. (\supset
		riale line of Summary Page (last page		•	7	`
i ADD '	zi and 31 and Carry forward to anoronr	naie line or Summary Page Bast Dage (וווועו 📂		t t	

SI

CHEDULE E (FEC Form 3X)			
EMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full))	· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER ▼
Manufacturers Assoc of (entral NY	Inc	000532911
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee	HOURA	Date	<u> </u>
		Date	word vibrity vy y y v
Mailing Address			•
		Amo	unt
City State	Zip Code		O
Purpose of Expenditure	Calegory/ Type	Office Sou	Senate District:
Name of Federal Candidate Supported or Opposed by Expend	lture:	Check On	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought	, O	Disbursem	ent For: Primary General
Full Name (Last, First, Middle Initial) of Payee		Date	}
			$\widetilde{\mathbf{A}} = \left[\mathbf{A} \left[\left[\mathbf{A} \right] \right] \widetilde{\mathbf{A}} \left[\left[\mathbf{A} \right] \right] \mathbf{A} \right] + \left[\mathbf{A} \left[\left[\mathbf{A} \right] \right] \mathbf{A} \right] + \left[\mathbf{A} \left[\left[\mathbf{A} \right] \right] \right] \mathbf{A} \right]$
Mailing Address		Amo	· vunt
City State	Zip Code		
	•		and the second of the second
Purpose of Expenditure	Category/	Office Sou	ght. House State:
	Туре		Senate District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	Check On	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought	, 0.	Disbursem	ent For: Primary General
A DIPTOTAL A Harrison Ladon and a Discourse of the second and the			\sim
(a) SUBTOTAL of Itemized Independent Expenditures	······································	·· >	5 J
(b) SUBTOTAL of Unitermized Independent Expenditures		·· •	, , 0
(c) TOTAL Independent Expenditures		·· •	, , , , , ,
Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author- party committee) any political party committee or its agent.	ures reported herein were fized committee or agent o	not made in of either, or (i	cooperation, consultation, or concert If the reporting entity is not a political
		F4 - 13	

Date

Signature

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

	0 1 OII 1 EPE	ERAL OFFIC	·E	, . ·	PAGE	OF
.S.C. §441a(d))	o be used only	by Political Corr	mittees in the C	General Election)	FOR LINE 25	OF FORM 3X
OF COMMITTEE (In Full) OUT committee been designated to n	e of C	untral N		ederal PAC	Chec 24-h	ck if our notice
inated expenditures by a political particle in the interest of		Toll Haring Of Sol	outunate Commis	1100		
S, name the designating committee:		Mailing Address		·= ·- · · · · · · · · · · · · · · · · ·		····
	<u> </u>	City		State	e ZIP (Code
ull Name (Last. First, Middle Initial) o	of Each Payee	, j		Purpose of Expe	nditure	Category/
lailing Address			· · · · · · · · · · · · · · · · · · ·	Date		Туре
ity	State	Zip Code	,		D Y	•
ame of Federal Candidate Supported	Omice coagni	House Senate Presidentia	State:	Amount	: .	0
ggregate General Election xpenditure for this Candidate ▶		, <i>C</i>)		ed Due to Opp i.C. §441a(i)/4	
ull Name (Last, First, Middle Initial) o	of Each Payee			Purpose of Expe	nditure	<u> </u>
lailing Address						Category/
aning Address				Date		Туре
ity	State	Zip Code			io. v.	Υ Υ Υ
ame of Federal Candidate Supported	d Office Sought	: House Senate Presidentia	State:	Amount		
ggregate General Election xpenditure for this Candidale ►		, C) .		ed Due to Opp C. §441a(i)/44	
ull Name (Last, First, Middle Initial) o	of Each Payee			Purpose of Exper	nditure	
lailing Address						Category/ Type
ity	State	Zip Code		Date	n y e	
ame of Federal Candidate Supported	Office Sought	: House : Senate : Presidentia	State:	- Amount		<i>(</i> *)

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)	1
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Federal)	
· · · · · · · · · · · · · · · · · · ·	
B. Separate Segregated Funds and Nonconnected Committees	
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage	
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 or	
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or	
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	
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	

SCHEDULE H2 (FEC Form 3X)

ALL	OCAT	ION R	ATIOS

	
PAGE	

OF

Manufactures Assoc.	of Central	NY Inc Feder	al 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.

		T
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising	. %	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	NONFEDERAL 76
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	2/6
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	. · .

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

PAGE	C	F		
FOR LINE	182	OF	FORM	3)

IAME OF COMMITTEE (In Full)	- [0.0.0
Manufacturers Assoc of Contral NY]	LOC. HECETAL PHC TOTAL AMOUNT TRANSFERRED
MAME OF ACCOUNT	TOTAL AMOUNT THANSFERRED
	, , , ,
BREAKDOWN OF TRANSFER RECEIVED	and the supplier of the suppli
i) Total Administrative	,
ii) Generic Voter Drive	·
ili) Exempt Activities	
(v) Direct Fundraising (List Activity or Event Identifier)	
a)	•
b)	2
c) Total Amount Transferred For Direct Fundraising	\bigcap
v) Direct Candidate Support (List Activity or Event Identifier)	
b) birect candidate support (can naiving of exem identifier)	
a)	
b)	•
	G
c) Total Amount Transferred For Direct Candidate Support	• • • • • • • • • • • • • • • • • • •
vi) Public Communications Referring Only to Party (Made by PAC)	, , , O
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	ED
TOTAL This Period (Administrative)	, O.
TOTAL This Period (Generic Voter Drive)	
TOTAL THIS PERIOU (General Voice Drive)	6
TOTAL This Period (Exempt Activities)	O
TOTAL This Period (Direct Fundraising)	· /
TOTAL This Period (Direct Candidate Support)	, ; <u>(</u>
TOTAL This Period (Public Communications Referring Only to Party)	, ,
TOTAL This Period (Total Amount Transferred)	, ,

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE	C	F		
	<u></u>				
į	EOD LINE	212	٥E	EO DA	24

Manufacturers Assoc. of Central N	Y Inc.	Ted - 1 DAG
A. Full Name (Last, First, Middle Initial)	I A-VIC.	Aflocated Activity or Event:
Mailing Address		Administrative Fundraising Exempt
-		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Purpose of Disbursement:	1	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:	-	, , , , , , , , , , , , , , , , , , , ,
Activity of Event toerimen.	Calegory/ Type	Date
FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	\bigcirc	
B. Full Name (Last. First, Middle Initial)		Allocated Activity or Event:
	····	Administrative Fundraising Exempt
Mailing Address		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Purpose of Dishursement:		Allocated Activity or Event Year-To-Date
		, , , ,
Activity or Event Identifier:	Category/ Type	Date
FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
a de se estado de la composição de la co	0	, ,
C. Full Name (Last. First, Middle Initial)		Allocated Activity or Event:
Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Purpose of Disbursement:	<u> </u>	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:	1	· , . O
	Category/ Type	0 / a v . v t n Date
FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
2 , O	0_	, <u> </u>
SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	0	\bigcirc
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) an		
FEDERAL SHARE NONFEDERAL	SHARE	TOTAL AMOUNT
, ,		, ,

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and		PAGE OF FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	0 0	
Manutacturers As	soc of Contral NY	Inc. Federal PAC
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	Mina i Barry Viva	, , <u>O</u>
BREAKDOWN OF THIS TRANSFER		·
i) Voter Registration	VOTER REGISTRA	ATION
Total Amount Transferred to	, , ,	\mathcal{O}
ii) Voter ID	Vo	OTER ID
Total Amount Transferred to	or Voter ID	, , O
iii) GOTV		GOTV
Total Amount Transferred fo	or GOTV	,
iv) Generic Campaign Activity	y	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred to	or Generic Campaign Activity	, O
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M i D O Y Y Y	, ,
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRA	ATION
Total Amount Transferred for	or Voter Registration	
ii) Voter ID	V	OTER ID
Total Amount Transferred for	or Voter ID	5, O
iii) GOTV		GOTV
Total Amount Transferred for	or GOTV	a <u>O</u> .
iv) Generic Campalgn Activity	y	GENERIC CAMPAIGN ACTIVITY
1	or Generic Campaign Activity	• • • • • •
TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVED (La	st Page Only)
TOTAL This Period (Voter Registra	f . 3	O,
TOTAL This Period (Voter ID)		, O
TOTAL This Period (GOTV)		: O
TOTAL This Period (Generic Camp	paign Activity)	0
TOTAL This Period (Total Amount	of Transfers Received)	

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)

FOD	13.15	00-	OF.	FORM	27
PAGE			UF		

	YNL	Inc. Federal PAC
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	T	\mathcal{O}
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH		= TOTAL AMOUNT
, , , , , , , , , , , , , , , , , , , ,		6
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	· ·	
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	HARE	= TOTAL AMOUNT
• • •	0	1 ; <u>(</u>)
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date	
City State Zip Code		, , .
	_	$(1-\beta^2) = 0 - 3r = -r - r - r = 0$
Purpose of Disbursement	Category/ Type	Date
Purpose of Disbursement FEDERAL SHARE + LEVIN SH	Туре	= TOTAL AMOUNT
	Туре	<u> </u>
FEDERAL SHARE + LEVIN SH	Type	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SH	Type	<u> </u>
FEDERAL SHARE + LEVIN SH	HARE	= TOTAL AMOUNT = TOTAL AMOUNT

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

	2, t 1, 2-1-1-1 m		•	· ·	
NAME OF COMMI	TTEE (In Full)	·4 .	 	· .	

		TOTAL	OLUMN A			LUMN B -TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Usu Schodule L-A)	, ,	. 0			, O .
	(b) Unitemized	• • • • • • • • • • • • • • • • • • •	, <i>O</i> .	· :	. 	
	(c) Total		, 6			, O
2.	OTHER RECEIPTS	1	, O			O-4
3.	TOTAL RECEIPTS	. ,	, 0	•	. 3.	· · O
١.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schortule L-B)					
	(a) Voter Registration	:	, O		.7	, 0,
	(b) Voter ID	٦	, O.		, ,	, <i>O</i> .
	(c) GOTV	7 .	, O		. 9	, <i>O</i> .
	(d) Generic Campaign	•	, O-	÷	1)
	(e) Total		, O.		.,,	
5.	OTHER DISBURSEMENTS	1	0	•	. 3	, O
3. 	TOTAL DISBURSEMENTS(Add Lines 4c and 5)	1 .	, 0		,	, 0
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1cl)	. 3	, v O.		. 1 .	, Ó
3.	RECEIPTS	5	, O		•	0.
3.	SUBTOTAL(Add Lines 7 and R)	r	, 0		•	0
)	DISBURSEMENTS		0		ŕ	, O
1.	ENDING CASH ON HAND		\bigcirc		· 4	. 0

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

PAGE OF Use separate schedule(s) for each category of the Agoregation Page FOR LINE NUMBER:

		Aggregation r at		
Any informa	ation copied from such Reports and Statements may not be nercial purposes, other than using the name and address	be sold or used by of any political co	y any person ommittee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Manu	F COMMITTEE (In Full) Factures Assoc of Committee (Last, First, Middle Initial) / Full Organization Name	entra l	NY	Inc. Federal PAC
A.	,, randus minai / Full Organization Name		1	Date of Receipt ### ## A To The Transfer of t
Mailing A	ddress	<u></u>		
City	State	Zip (Code	Amount of Each Receipt this Period
Name of	Employer or Principal Place of Business	<u>.,</u>		Aggregate Year-to-Date
Occupati	on			10 m
Full Nam B.	e (Last. First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing A	address		<u> </u>	Amount of Each Receipt this Period
City	State	Zip	Cade	
Name of Employer or Principal Place of Business				Aggregate Year-to-Date
Occupalie				<u> </u>
C.	e (Last. First, Middle Initial) / Full Organization Name			Date of Receipt to Many Date 9 or year year.
Mailing A				Amount of Each Receipt this Period
City	State	Zip (Code	^
Name of	Employer or Principal Place of Business	- 		Aggregate Year-to-Date
Occupation				, , O,
Full Nam) .	e (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing A	ddress			Amount of Each Receipt this Period
City	State	Zip (Code	. 2 Or Each receipt this Period
	Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation	on			, , O,
SUBTOTAL	of Receipts This Page (optional)			, O.
TOTAL This	s Period (last page this line number only)		······· >	, , , O: .

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

FOR LINE NUMBER:	PA	GE	OF
(check only one)	4a	4c 4d	5

OF LEVIN FUNDS		Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may it is name and addition	not be sold or used by any per ress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Manufactures Associated Name (I are Eight Medical Internal I and Eight Medical Internal I and English Medical I and English Medical Internal I and English	of (Central NY I	nc. Federal PAC
Full Name (Last. First, Middle Initial) / Full On A.	ganization Name	3	Date of Disbursement
Mailing Address			A to a v to a v v v v v v v v v v v v v v v v v v
City Purpose of Disbursement	State	Zip Code	Amount of Each Disbursement this Period
			The state of the s
Full Name (Last, First, Middle Initial) / Full Org	ganization Name		Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, O
Full Name (Last, First, Middle Initial) / Full Or C.	ganization Name	;	Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	0
Full Name (Last, First, Middle Initial) / Full Ord D.	ganization Name)	Date of Disbursement
Mailing Address	······································		8 0 0 0 1 1 V V V
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, 0
Full Name (Last. First, Middle Initial) / Full Ore	ganization Name	**************************************	Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			· · · · · · · · · · · ·
SUBTOTAL of Disbursements This Page (option	al)		<i>O</i> -

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



5788 Widewaters Parkway Syracuse, NY 13214

redural Election Commission FEO MAIL DENTE S Moshington, 1961



(8/2013)

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 Postmarked USPS First Class Mail Postmarked (R/C) 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