



The Manufacturers Association

#### **MANUFACTURERS ASSOCIATION**

5788 Widewaters Parkway Syracuse, NY 13214 Tel: 315-474-4201 Fax: 315-474-0524 www.macny.org

March 15, 2016

Federal Election Comission 999 E Street NW Washington, DC 20463

Re: Notice of Noncompliance

Please find the Manufacturers Association of Central New York 2015 Third Quarter Report, previously filed.

Please contact me at 315-474-4201 x21; mrowland@macny.org with any questions.

Sincerely,

Mary Rowland
Controller

MACNY, The Manufacturers Association

5788 Widewaters Parkway Syracuse, New York 13214 Phone: 315.474.4201 ext 21

Fax: 315.474.0524

Email: mrowland@macny.org

# 2016 - 03 - 25 -03-00057424

FORM 3X

#### REPORT OF RECEIPTS AND DISBURSEMENTS

Other Than An Authorized Committee

AM 7: 53 2016 MAR 25

Office Use Only

١.	NAME OF		
	COMMITTEE	(in	full

Only

FE6AN026

TYPE OR PRINT V

Example: If typing, type

12FE4M5

over the lines. Manufacturers Association of Central New York Inc Federal PAC 5788 Widewaters Parkway ADDRESS (number and street) Check if different than previously Oyracuse reported. (ACC) CITY A STATE A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ **AMENDED** 3. IS THIS C0053291 REPORT TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Electic Year Only) (a) Quarterly Reports: Oct 20 (M10) Jan 31 (YE) Apr 20 (M4) Jul 20 (M7) April 15 Quarterly Report (Q1) General (12G) Runoff (12R) 12-Day Primary (12P) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneque, or Incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use Rev. 12/2004

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

From:

Page 2

Write or Type Committee Name

### of Contral NY Inc Federal

Report Covering the Period: To: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2615 January 1, (b) Cash on Hand at Beginning of Reporting Period...... 175000 (c) Total Receipts (from Line 19) ...... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... 1032 00 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations 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

FE6AN028

# 2016 - 05 - 25 - 05 - 00057426

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Mnufacturer

Assoc of Central NY Inc. Federal PAC

Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized ..... (iii) TOTAL (add · Lines 11(a)(i) and (ii)...... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 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 22. Transfers to Affiliated/Other Party 24. Independent Expenditures 26. Loan Repayments Made..... Than Political Committees ..... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........▶ 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

FEC Form 3X (Rev. 02/2003)		Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0	1750.00
34. Total Contribution Refunds (from Line 28(d))	Ď	Ò
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	$\mathcal{O}$	(75000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	ට	0
37. Offsets to Operating Expenditures (from Line 15, page 3)		9
38. Net Operating Expenditures (subtract Line 37 from Line 36)		
(Subtract Line 37 from Line 36)	and the second second second second	$\mathcal{O}$

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  114
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Manufactures Assortill Name (Last, First, Middle Initial)		NY Inc. Federal PAC
A. Mailing Address		Date of Recoipt
City Sta	ate Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occu	pation	· ·
Receipt For:  Primary General  Other (spocify) •	regale Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  B.		Date of Receipt
Mailing Address		W W A THE P A S V
City Sta	ale Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occo	pation	
Receipt For: Primary General Other (specify)	regate Year-to-Date ♥	
Full Name (Last, First, Middle Initial) C.	<u></u>	Date of Receipt
Mailing Address		The major of the factor of the
Cily	ate Zip Code	Amount of Each Descript this David
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	upation	
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		0

SCHEDULE B (FEC FORM 3X)	Llos numarata sabadulsias	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each cutegory of the Dutailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the name	nents may not be sold or us no and address of any politic	ed by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	of Central	<del></del>	
A.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specily) ▼		
State: District:  Full Name (Last, First, Middle Initiat)  B.			Date of Disbursement
Mailing Address			gradus de la companya Nobel de la companya Nobel de la companya Nobel de la companya Nobel de la companya Nobel La companya de la companya na companya
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Calegory/ Type	
President	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)		······································	
C			Date of Disbursement
Mailing Address		•	
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	0
1	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			

#### SCHEDULE C (FEC Form 3X) LOANS

NAME OF COMMITTEE (In Full)

Mailing Address

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

City	State ZIF	Code	
Original Amount of Loan	Cumulative Paymer	nt To Date	Balance Outstanding at Close of This Period
	.0	$\bigcirc$	
,	.0	, <u> </u>	7
TERMS Date Incurr	ed Date	Due Interest	Rate Secured:
the second to the territory		i i i i i i i i i i i i i i i i i i i	Tiple Secured.
1			% (apr) Yes No
List All Endorsers or Gua	arantors (if any) to Loan Source		
1. Full Name (Last, First,		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
J,		Outstanding:	
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First.	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	
MIRTOTALS This Paring Thi	s Page (optional)		
TOTAL THE COUNTY	o rago (opnomen)		$\mathcal{O}_{\mathbb{R}^{n}}$
OTALS This Period (last pa	ge in this line only)	<b>&gt;</b>	$\sim$
	·		<u> </u>
Carry outstanding balance o	nly to LINE 3, Schedule D, for this line	e. If no Schedule D, carry	forward to appropriate line of Summary.

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

Supplementary for information found on Page of Schedule

deral Election Commission, Washington, D.C. 20463		Page of Schedule
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBE
Anufacturer Assoc of	Central NY Inc. Fa	1 PAC C 00532911
	Amount of Loan	Interest Rate (APR)
II Name		
	·	
ailing Address		On the second of the second of
	Date Incurred or Establishe	od y y y y y y y y y y y y y y y y y
y State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incur	red
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	$\bigcirc$
C. Are other parties secondarily liable for the debt i	incurred? irs must be reported on Schedule C	).)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or	es of deposit, chattel papers, other similar traditional collateral?	What is the value of this collateral?
No Yes If yes, specify:		Does the lender have a perfected secu
E. Are any future contributions or future receipts of	interest income, pledged as	interest in it? No Yes What is the estimated value?
collateral for the loan? No Yes If y	yes, specify:	vital is the estimated value.
A depository account must be established pursuate to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:	
Date account established:	Address:	
A William Control of the Control of	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this	ve was pledged for this loan, or if the	ne amount pledged does not equal or excer which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		AND MALL SELECTION OF SELECTION
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 are accurate as stated above.	the terms of the loan and other info	_
The loan was made on terms and condition similar extensions of credit to other borrows.      This institution is aware of the requirement complied with the requirements set forth at	ers of comparable credit worthiness that a loan must be made on a ba	sis which assures repayment, and has
THORIZED REPRESENTATIVE		DATE
yped Name	T Tillo	er de la companya de
ignature	Title	

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

9
10

cluding i	Loans			bered line)	(check only c	me)   9 10
AME OF CO	OMMITTEE (In Full)	C O + + + + + + + + + + + + + + + + + +				4.0
JANUT	acturers ASSOC. Name (Last, First, Middle Initial) of Di		Inc.	Heder Nature of De	al Pl	40_
	Control (Control of Control of Co	500 01 0100Mil		Natore or De	or (r urpose).	
Mailing Ad	ddress		·· <del>··············</del>			
City	State	Zip Code				
Outstan	iding Balance Beginning This Period		······································	<u> </u>	·····	
	1	0				
	Amount Incurred This Period	Payment This Perior	ď	Outstanding	Balance at (	Close of This Perio
	, 1 y	O ,	O		۹ ,	7
B. Full Na	me (Last, First, Middle Initial) of De	btor or Creditor	<del></del>	Nature of De	bt (Purpose):	
Mailing Ad	ddress					
City	State	Zip Code	······································			
Outstan	iding Balance Beginning This Period			L <u>.</u>		ad a la contrata de contrata d
	, (	)				
	Amount Incurred This Period	Payment This Period	d 	Outstanding	g Balance at (	Close of This Perio
	· · · · · · · · · · · · · · · · · · ·	) , , , , , , , , , , , , , , , , , , ,	<u>)</u> .			0
C. Full N	ame (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of De	bt (Purpose):	<del></del>
Mailing Ad	Idress					
Cily		State Zip Code	,			
Outstan	iding Balance Beginning This Period			······································		
		0				
	Amount Incurred This Period	Payment This Period	d Tagenta and	Outstanding	Balance at C	Close of This Perio
		2000 2000	0		E :	
SUBTOT	ALS This Period This Page (optiona	1)	Þ		<del> </del>	$\Box$
		· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	Č
	This Period (last page this line num				•	~
TOTAL C	DUTSTANDING LOANS from Sched	ule C (last page only)	<b>&gt;</b>		5 . • • · · ·	C
) ADD 2) a	and 3) and carry forward to appropri	ate line of Summary Page (last page	ge only) 🕨			- 0

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

EMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	7	FEC IDENTIFICATION NUMBER •
Manufacturers Assoc of (	entral NY=	Inc. c00532911
Check if 24-hour notice 48-hour notice	Federa	I PAC
Full Name (Last, First. Middle Initial) of Payee		Date
Malling Address		
Maining Address		Amount
City State	Zip Code	
		, , ,
Purpose of Expenditure	Calegory/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expend	liture:	President
		Check One: Support Oppose
Calendar Yoar-To-Date Per Election		Disbursement For: Primary General
for Office Sought	, O	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		STORY OF THE STORY OF W
Mailing Address		
	7: 6:1	Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expend	President Check One: Support Oppose	
Calendar Year-To-Date Per Election	$\bigcirc$	Disbursement For: Primary ; General
for Office Sought	, ,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		$\cdot$ $lacksquare$
(L) CUDTOTAL of Unitamized Independent Eveneditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	hana 110 a Easta a de 110 a	, , , , , , , , , , , , , , , ,
(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 autho- party committee) any political party committee or its agent.	ures reported herein were rized committee or agent c	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Signature	Date	

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 PAGE 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 If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City Zip Code Name of Federal 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) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date State Zip Code Name of Federal 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 State Zip Code Name of Federal Candidate Supported Office Sought: House Amount Senate District: Presidential Aggregate General Election

Limit Raised Due to Opponent's Spend-

ing (2 U.S.C. §441a(i)/441a-1)

Expenditure for this Candidate

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)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal
Nontederal
Nonfederal

# 2016 - 03 - 25 - 03 - 00057437

## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF		
	PAGE	OF

Manufactures Asso	of Contral A	IY Too Fedor	1 PAC
	C. OI COMMAIN	VI "C. FCOURCE	

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 monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	n n	i '
CHECK IF THE RATIO IS:	0	. %
New Revised Same as Previously Reported		
The Mean Charles Same as Freehously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	, LOCINE N	NOW EDETINE 70
		<b>,</b>
Fundraising Direct Candidate Support	٠٧,٠	· · · · · · · · · · · · · · · · · · ·
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support		7.5
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
4		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		*: * ,
Fundraising Direct Candidate Support	36	
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
1.0   1.1.1		
Fundraising Direct Candidate Support		
Fundraising Direct Candidate Support	The second second second	
CHECK IF THE RATIO IS:	130 m	
	76	
CHECK IF THE RATIO IS:	***	
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER		
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support		
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	

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

LLOC	CATED FEDERAL / NONFEDERA	L ACTIVITY	-		FOR LINE 18	Ba OF FORM 3X
MANE (	utactures Assoc	of Contra	LYNJ	Inc. Fed	deral	PAC
NAM	E OF ACCOUNT	DATE OF RECEIPT	ļ,	TOTAL AM	OUNT TRAN	SFERRED
				• .	;	. 🔿
BRE	AKDOWN OF TRANSFER RECEIVED					
1)	Total Administrative					0
11)	Generic Voter Drive			<b>y</b>	9	0
lin	Exempt Activities			: ·		$\sim$
	Direct Fundralsing (List Activity or Event Ide			•	,	<i>;</i>
	a)	· · · · · · · · · · · · · · · · · · ·	0	:		
	b)		O			
	c) Total Amount Transferred For Direct Fundra	aising	***************************************		3	
(V	Direct Candidate Support (List Activity or Ev	vent Identifier)				
	a)	· , ,		: :		
	b)		0			_
	c) Total Amount Transferred For Direct Candid	date Support		er en	The state of the s	<b></b>
vI)	Public Communications Referring Only to	Party (Made by PAC)				$\mathcal{O}$
	TOTALS FO	OR BREAKDOWN OF TRA	INSFER RECEIVE	ED		
TOTAL	This Period (Administrative)			C	)	
TOTAL	This Period (Generic Voter Drive)	<u> </u>	e voja <b>b</b> ola est	and organization	0	
TOTAL	This Period (Exempt Activities)		1 + 3 - 3, - <b>E</b> .		.0	
TOTAL	This Period (Direct Fundralsing)			, d.,	. С	)· ————————————————————————————————————
TOTAL	This Period (Direct Candidate Support)					0
TOTAL	This Period (Public Communications Referring	Only to Party)	•••••	•• , ,	5	
TOTAL	This Period (Total Amount Transferred)	***************************************			··.	

PAGE

# SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS	FOR	ALLOCATED
FEDERAL/NONFEC	DERA	L ACTIVITY

PAGE	OF		
FOR LINE	21a OF F	ORM	зх

MAI	ME OF COMMITTEE (IN FUIL) ASSOC. OF CONTRAL	MTa	o Tedani DNO
<u> </u>	Full Name (Lest, First, Middle Initial)		Allocated Activity or Event:
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
•	City State Zip	Code	: Public Comm (ref to party only) by PAC
-	Purpose of Disbursament:		Allocated Activity or Event Year-To-Date
-	Activity or Event Identifier:		,
	,	Categor Type	
•	FEDERAL SHARE + NONFE	DERAL SHARE	= TOTAL AMOUNT
	, , , , , , , , , , , , , , , , , , , ,	, (	)
3.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising : Exempt
	waning Addidas		Voter Drive Direct Candidate Support
	City State Zip	Code	Public Comm (ref to party only) by PAC
-	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		
		Categor Type	
-	FEDERAL SHARE + NONFE	DERAL SHARE	= TOTAL AMOUNT
		· · · · · · · · · · · · · · · · · · ·	
	Full Name (Last. First, Middle Initial)	<del></del>	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
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
-	Purpose of Disbursement:  Activity or Event Identifier:		
-		Categor Type	
	Activity or Event Identifier:	Categor	Date
	Activity or Event Identifier:	Categor Type	Date
-	Activity or Event Identifier:	Categor Type	Date
-	Activity or Event Identifier:  FEDERAL SHARE + NONFE  BTOTAL of Allocated Federal and NonFederal Activity This Page	Categor Type	Date
SU	Activity or Event Identifier:  FEDERAL SHARE + NONFE  BTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFE	Categor Type DERAL SHARE	Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
SU	Activity or Event Identifier:  FEDERAL SHARE + NONFE  BTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFE  TAL This Period (last page for each line only)(Federal share to 21(a))	Categor Type DERAL SHARE	Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

#### SCHEDULE H5 (FEC Form 3X)

BREAKDOWN OF THIS TRANSFER i) Voter Registration

NAME OF ACCOUNT

BREAKDOWN OF THIS TRANSFER i) Voter Registration

TOTAL This Period (Total Amount of Transfers Received).....

NAME OF COMMITTEE (In Full)

#### TRANSFERS OF LEVIN FUND ALLOCATED FEDERAL ELEC

(To be used by State, District and

	S OF LEVIN FUNDS R D FEDERAL ELECTION					
sed	by State, District and Loca	I Party Committees Only	/)		PAGE FOR LINE 1	OF 8b OF FORM 3X
F CO	MMITTEE (In Full)			····		
щ£	acturers Assoc	of Central	NY	Inc.	ederal	PAC
- OF P	ACCOUNT .	Man Pin Pin Pin Pin Pin Pin Pin Pin Pin Pi		TOTAL A	MOUNT TRANSF	ERRED
KDOV	VN OF THIS TRANSFER					
1)	Voter Registration	VOT	ER REGIST	RATION		
	Total Amount Transferred for Voter	Registration	<b>y</b> .			
ii)	Voter ID		(	VOTER ID		
"7	Total Amount Transferred for Voter	ID	ì	<b>3</b>	$\circ$	
			•	GOTV	~	
ili)	GOTV Total Amount Transferred for GOTY	<b>V</b>	• • •			
	TOTAL PRODUCT OF GRANDERS OF GOT	• • • • • • • • • • • • • • • • • • • •		GENERIC C	CAMPAIGN ACTIVITY	,
lv)	Generic Campaign Activity			GENERIC C	ZOWII NIGHT MOTIVILI	
	Total Amount Transferred for Gene	ric Campaign Activity		7		
OF A	CCOUNT	DATE OF RECEIPT		TOTAL A	MOUNT TRANSF	ERRED
		tar tar a fine of the		i,	. 2-	
			-	. 3	t	
KDOV	VN OF THIS TRANSFER		<del></del>		غىت ئېيىلى سى جېر پو <sup>ر</sup> <u>ئىسىي</u> سىنىن سالى <sub>دى</sub> نى پې <del>نىڭ كان</del> خ	
	Voter Registration	νοτ	ER REGIST	RATION		
•,	Total Amount Transferred for Voter	Registration	3			
		*		VOTER ID	. •	
il)	Voter ID  Total Amount Transferred for Voter	. 10			$\cap$	
	TOTAL AIRDURIT FRANSIERIEG TOF VOICE		Y	en abassasina		
iii)	GOTV			GOTV	and the second	Ì
	Total Amount Transferred for GOT	V		10 mm	$Q_{i,j}$	
ívì	Generic Campaign Activity			GENERIC (	CAMPAIGN ACTIVITY	· _
•	Total Amount Transferred for Gene	ric Campaign Activity		e e e e e e e e e e e e e e e e e e e		$\mathcal{O}$
	TOTALS FOR BR	EAKDOWN OF TRANSFER RE	CEIVED (I	Last Page Only)	1	
			<i>:</i> ·			
TOTA	L This Period (Voter Registration)		;. <del>-</del> .			}
					<u>~</u>	
TOTA	L This Period (Voter ID)		a .	. !	$\mathcal{O}_{\mathbb{R}}$	
<b>*</b> 0=*	The B is 1/00000					
TOTAL	L This Period (GOTV)			, ,		ŀ
T071	L This Desired (Conneils Commeils A	ativity)		* * * * *	1.20	
IUIA	L This Perlod (Generic Campaign A	Cuvky}				

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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)

PAGE	E		O٢		
EOD	TIME	302	OF	FORM	21

A. Full Name (Last. First, Middle Initial) / Full Organization Name	alny	Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campa
		1.
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		- 0
Purpose of Disbursement		8 . V . V . V
Tupout of Disputs in the	Category/ Type	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	No	Type of Allocated Activity or Event:
		Voter Registration GOTV  Voter ID Generic Campa
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Catacasii	and the second of the second
•	Category/ Type	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
	,,	
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campa
		Allocated Activity or Event Year-To-Date
Mailing Address		This case yearnly of Event Year 10 Balls
City State Zip Code		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Purpose of Disbursement	Category/	The second second second second
	Туре	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
	$\Box$	
		•
STOTAL of Shared Federal and Levin Activity This Page		
• •	SHARE	= TOTAL AMOUNT
• •	SHARE	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN  TAL This Period (last page for each line only)(Federal share to 30(a)(i)	$\circ$	o 30(a)(ii))
FEDERAL SHARE + LEVIN	$\circ$	
TAL This Period (last page for each line only)(Federal share to 30(a)(i)  FEDERAL SHARE	$\circ$	o 30(a)(ii))

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

NAM	e of committee (in full)	of Contral 1	NY I	nc Federal	PAC
NAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIO	D	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized		. 0	V	.0
	(b) Uniternized	, ,	0		0
	(c) Total		0	f 1	
2.	OTHER RECEIPTS	7	.0		0
3.	TOTAL RECEIPTS		$\bigcirc$		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration		0		$\mathcal{O}$
	(b) Voter ID		0		.0
	(c) GOTV	and the second s	0		0
	(d) Generic Campaign		0	en e	0
	(e) Total			**************************************	0
5.	OTHER DISBURSEMENTS		0	en e	$\circ$
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		. 0		0
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1ct)	and some of the second	0	in the state of th	, 0
8.	RECEIPTS	en e	0	tall of the second of the second	0
9.	SUBTOTAL(Adu Lines 7 and R)	erikan di kacamatan di Kabupatèn Bandaran Bandaran Bandaran Bandaran Bandaran Bandaran Bandaran Bandaran Banda Kabupatèn Bandaran B	0	e de la companya de La companya de la co	$\bigcirc$
10.	DISBURSEMENTS		D		$\bigcirc$
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0	to we have the	$\bigcirc$
			0		0

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

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

FOR LINE NUMBER: (check only one)

1a	2

OF

PAGE

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NAME OF COMMITTEE (In Full)		<del></del>	
Manufacturers Assoc	of Cen	tral NY	
Full Name (Last, First, Middle Initial) / Full Org	nanization Name		Date of Receipt
Mailing Address		بيراكة الكفدية والري بالدان بيشمين وبالانتسان ويويد المستوين	
			Amount of Each Receipt this Period
City	State	Zip Code	Amount of Each receipt this relied
Name of Employer or Principal Place of Busine	?\$\$	· ••••••••••••••••••••••••••••••••••••	<u> </u>
Occupation			Aggregate Year-to-Date
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Full Name (Last. First, Middle Initial) / Full Org	anization Name		Date of Receipt
J			Description of the second of t
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
·	,		
Name of Employer or Principal Place of Busine			Aggregate Year-to-Date
Occupation		······································	
Full Name (Last, First, Middle Initial) / Full Org.	anization Namo	N-1	Date of Receipt
Full Name (Last. First, Middle Initial) / Full Org.	- Hand		Date of Receipt
Mailing Address	<u> </u>	w	
			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Busine	288	<del></del>	
Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Org.	anization Name		Date of Receipt
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Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busine	'SS		
or Employer or Fritipal Flace of Dusing	. J <del>.</del>	•	Aggregate Year-to-Date
Occupation		ر در	
			, , , , , , , , , , , , , , , , , , , ,
SUBTOTAL of Receipts This Page (optional)		<b>h</b> s	
TOTAL This Period (last page this line number o	nnly)	<b>&gt;</b>	and the state of t

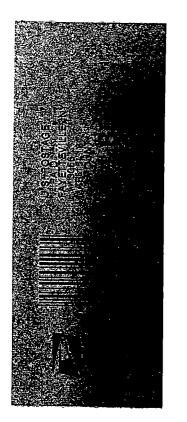
# SCHEDULE L-B (FEC Form 3X)

FOR LINE NUMB	ER:	PAG	E	OF
(chack only one)		4a	4c 4d	5

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	for each category of the Aggregation Page	(check only one) 4a 4c 5
Any information copied from such Reports and Statements ma or for commercial purposos, other than using the name and a		
Manufactures Assoc of	Contral NY I	nc Federal PAC
Full Name (Last, First, Middle Initial) / Full Organization Na A.	ane ,	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 Organization Na  B.	me	Date of Disbursement
		Wind the American State of the
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) / Full Organization NaC.	me	Date of Disbursement
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Mailing Address		
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Mailing Address	_	
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last. First, Middle Initial) / Full Organization Na	me	Date of Disbursement
		Date of Cisbolisement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		$\mathcal{O}$
SUBTOTAL of Disbursements This Page (optional)		0
TOTAL This Period (last page this line number only)		Ō

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5788 Widewaters Parkway Syracuse, NY 13214



Federal Election Commission and E. Street NW Washington, D. C. 200163

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