# 04 19-05-00067586

FEC FORM 3X

#### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

2016 APR 19 AM 9: 38

Office Use Only

**FEC FORM 3X** 

Rev. 12/2004

1.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT Y

Example: If typing, type 12FE4M5 over the lines. Manufacturers Association of Central New York Inc Federal DAC 5788 Widewaters Parkway ADDRESS (number and street) Check if different than previously Syracuse reported. (ACC) CITY A STATE A ZIP CODE 2. FEC IDENTIFICATION NUMBER \ 3. IS THIS NEW **AMENDED** 00053291 REPORT (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Nor⊷Election Year Only) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 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 Covering Period through 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, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FE6AN026

Office

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Only

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or 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, 2016		694.00
	(b) Cash on Hand at Beginning of Reporting Period	69400	
	(c) Total Receipts (from Line 19)	0	0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	694 00	694.00
7.	Total Disbursements (from Line 31)	24 00	24 00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67000	670 00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	О	0
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	0

#### For further information contact:

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

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

FE6AN026

#### **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

I. Receipts	COLUMN Total This F			LUMN B Year-to-D	ate
Contributions (other than loans) From:     (a) Individuals/Persons Other     Than Political Committees		· · · · · · · · · · · · · · · · · · ·	•		
(i) Itemized (use Schedule A)	, ,	.0	٠.		D
(ii) Uniternized		0		÷	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)		$\mathcal{O}$			0
		0		, -	
(b) Political Party Committees(c) Other Political Committees		0	•	· ·	. 0
(such as PACs)	i	0			
(d) Total Contributions (add Lines		•			_
11(a)(iii), (b), and (c)) (Carry	·	$\Diamond$			$\cap$
Totals to Line 33, page 5)	i ē	U			. 0
Party Committees	•	$\bigcap$		.*	1
		~		•	)
All Loans Received		. O			U
. Loan Repayments Received		$\bigcirc$			()
Offsets To Operating Expenditures	· ·	O			U
(Refunds, Rebates, etc.)		•			
(Carry Totals to Line 37, page 5)		. ()	;		l
. Refunds of Contributions Made	:				
to Federal Candidates and Other		$\wedge$			
Political Committees		U			U
Other Federal Receipts (Dividends, Interest, etc.)	,	$\cap$		•	$\wedge$
Transfers from Non-Federal and Levin Funds	•	U	•		- 0
(a) Non-Federal Account		. 6			^
(from Schedule H3)		. ()			· .()
(b) Lovin Eundo (from Cobodule UE)		ე			
(b) Levin Funds (from Schedule H5)		. •	٦	5	
(c) Total Transfers (add 18(a) and 18(b))		. 0			(
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))		D			ก
	•	.0		٠.	. 0
). Total Federal Receipts		$\bigcap$			
(subtract Line 18(c) from Line 19)		,U			

#### **DETAILED SUMMARY PAGE**

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	total this renot	Calendar Year-to-Date
	(i) Federal Share	,	
	(ii) Non-Federal Share	D	10
	(b) Other Federal Operating	0	Ū
	Expenditures	( )	()
	(c) Total Operating Expenditures	0	
	(add 21(a)(i), (a)(ii), and (b))	()	()
	Transfers to Affiliated/Other Party		<b>1</b>
3.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	()	0
4.	Independent Expenditures	U	
ŝ.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	9 0	· 0
	(use Schedule F)	U	
j.	Loan Repayments Made	0	0
<b>,</b>	Loans Made	$\mathcal{L}$	$\mathcal{O}$
	Retunds of Contributions To: (a) Individuals/Persons Other	· ·	O C
	Than Political Committees	0	
	(b) Political Party Committees	Ŋ	$\mathcal{O}$
	(c) Other Political Committees	V	0
	(such as PACs)	Ó	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	$\cap$	$\cap$
	(422 2.100 20(4)) (4)) 4.10 (4))	O	U
).	Other Disbursements	24 00	240
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	$\mathcal{O}$ .	
		<b>(</b> ^	
	(ii) "Levin" Share	U	U
	(b) Federal Election Activity Paid Entirely	$\wedge$	<b>(</b> )
	With Federal Funds	. , <b>U</b>	, ,
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	O	0
	Total Disbursements (add Lines 21(c), 22,	:	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24 00	240
<u>.</u>	Total Federal Disbursements		• •
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	()	· D

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/20)	03)	of Disbursemen	rts		Pag	e 5 .
III. Net Contributions/Opera penditures	ting Ex-	COLUMN Total This P	·		LUMN B r Year-to-D	ate
33. Total Contributions (other than (from Line 11(d), page 3)	•		0			0
34. Total Contribution Refunds (from Line 28(d))	······································		0		••	0
35. Net Contributions (other than Ic (subtract Line 34 from Line 33)			Ö	,	•	0
36. Total Federal Operating Expend (add Line 21(a)(i) and Line 21(ii			0			0
37. Offsets to Operating Expenditur (from Line 15, page 3)			0			0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	<b></b>		0			0
	•					

Inty information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full)  MALE OF COMMITTEE (In Full)  MALE OF COMMITTEE (In Full)  MALE OF COMMITTEE (In Full)  A.  A.  Mailing Address  City  Slate  City  Slate  City  Slate  City  State  City  Coccupation  Amount of Each Receipt this Perio  Amount of Each Receipt this Perio  Coccupation  Coccupation  FEC ID number of contributing tederal political committee.  Coccupation  Coccupation  Coccupation  Coccupation  Amount of Each Receipt this Perio  Coccupation	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the imary Page	(check or	11b	PAGE  11c   12 15   16	17
Full Name (Last, First, Middle Initial)  A. Mailing Address  City State Zip Code  Amount of Each Receipt this Perior tederal political committee.  Name of Employer  Receipt For: Primary Cither (specify) ▼  State Zip Code  Amount of Each Receipt this Perior tederal political committee.  Pagregate Year-to-Date ▼  City State Zip Code  Amount of Each Receipt this Perior to Coupation  FEC ID number of contributing tederal political committee.  Name of Employer  Cocupation  FEC ID number of contributing tederal political committee.  Name of Employer  Cocupation  Faceipt For: Primary General Cither (specify) ▼  Cocupation  Faceipt For: Primary General Cither (specify) ▼  Cocupation  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Amount of Each Receipt this Perior City  FEC ID number of contributing tederal political committee.  City State Zip Code  Amount of Each Receipt this Perior City  FEC ID number of contributing tederal political committee.  City Cocupation  Cocupation  Cocupation  Cocupation	formation copied from such Reports and a commercial purposes, other than using the	Statements may e name and adi	not be sold o dress of any p	r used by any po olitical committee	erson for the to solicit o	purpose of sontributions fro	oliciting contril	butions nittee.
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	ne of Employer	Occupation			-			
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Primary General Other (specify) ▼	• •		:	0				

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

# SCHEDULE B (FEC Form 3X)

for each category of the Detailed Summary Page    21b   22   23   24   25   26   27   28   28   28   28   28   28   36   36   36   36   36   36   36   3	TERRETOR DIODITORESTA			NUMBER: PAGE OF
Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President State: Disbursement  Candidate Name  Category/ Type  Office Sought: House President State: Disbursement  Candidate Name  Category/ Type  Office Sought: House President Candidate Name  Category/ Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Category/ Type  Office Sought: House Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement  Category/ Type  Office Sought: House Disbursement Other (specify)   State  Disbursement  Other (specify)   State  Disbursement  Other (specify)   Other (specify)	ITEMIZED DISBURSEMENTS	for each category of the	216	22 23 24 25 26
NAME OF COMMITTEE (in Full)  Manual Class, First, Middle Initial)  Mailing Address  City  State  Distoursement  Candidate Name  Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  Distoursement For: Category/ Type  Office Sought: House President Cardidate Name  Category/ Type  Office Sought: House District:  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement inis Period  Category/ Type  Office Sought: House Senate President Category/ Purpose of Disbursement  Category/ Type  Office Sought: House District:  Full Name (Last, First, Middle Initial)  Date of Disbursement inis Period  Category/ Type  Office Sought: House President Category/ Type  Office Sought: House District:  Full Name  Category/ Type  Office Sought: House District:  Full Name Category/ Type  Office Sought: House District:  Full Name Category/ Type  Office Sought: House District:  Category/ Type  Office Sought: House Senate President Category/ Type  Office Sought: House District:  Senate Primary General Other (specify)   State:  District:  Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)	Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or u	sed by any persical committee to	con for the purpose of soliciting contributions a solicit contributions from such committee
Full Namé (Last, First, Middle Initial)  Mailling Address  City Slate Zip Code  Purpose of Diabursement  Candidate Name  City State Zip Code  Prinary General Prinary General Other (specify) ▼  Date of Diabursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Date of Diabursement this Period  Category/ Type  Date of Diabursement this Period  Category/ Type  Date of Diabursement  Candidate Name  Candidate Name  Candidate Name  Category/ State: Diabursement Por: Senate President Other (specify) ▼  State: Diabursement  Category/ Type  Cate				
Mailing Address  City State Zip Code  Purpose of Disbursament  Candidate Name  Category/ Office Sought: House President Other (specify) ▼  State: Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Category/ Type  Disbursement  Category/ Office Sought: House President Other (specify) ▼  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Catego		ioc. of Central	MY	Foc. Federal PAC
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Reliable Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House President Other (specify)  Senate Primary General Other (specify)  Office Sought: House Senate Primary General Other (specify)  Type  Office Sought: House President Other (specify)  Senate Primary General Other (specify)  Office Sought: House President Other (specify)  Senate Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Otisbursement  Category/ Type	A			
Purpose of Disbursement Candidate Name  Category/ Type  Office Sought: House Senate Primary General Purpose of Disbursement Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Category/ Type  Office Sought: House Otisbursement For: Senate Primary General Other (specify) ▼  State Disbursement  Category/ Type  Office Sought: House Otisbursement For: Senate Primary General Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)			<u> </u>	
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Primary General Other (specify) ▼  State: District: District: Other (specify) ▼  Substortal of Disbursement this Period	City	State Zip Code		
Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Date of Disbursement This Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District: Cher (specify) ▼  Subtrotal of Disbursement This Page (optional)	Purpose of Disbursement			Amount of Early Box
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Senate President State: District:  Full Name (Last. First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Other (specify) ▼  Category/ Type  Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Primary General Other (specify) ▼  Suato: District: District: Other (specify) ▼  Suato: District: District: Other (specify) ▼				]
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Cities Sought: House Senate Primary General Other (specify) V  State: District:  Candidate Name  Category/ Type  Disbursement For: Senate Primary General Other (specify) V  Category/ Type  Disbursement For: Category/ Type  Condidate Name  Category/ Type  Condida	Senate President	Primary General		
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement  Category/ Type  Category/ Type  Date of Disbursement  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Purpose of Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Category/ Type  Office Sought: House Primary General President Other (specify) ▼  State: District:	_	,		
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name Candidate Name Category/ Type  Office Sought: House Disbursement For:  Candidate Name Candidate Name Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)  3.			
Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Substate: District:  Substate: District: District:  Substate: District: District: □  O  O  Substate: Disbursements This Page (optional) ■  O  O  O  O  O  O  O  O  O  O  O  O  O	Mailing Address			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Other (specify) ▼  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Senate Primary General Other (specify) ▼  State: District:  Substract Other (specify) ▼  Substract Other (specify) ▼	City	State Zip Code	· · · · · · · · · · · · · · · · · · ·	
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Primary General Other (specify) ▼  State: District:  Substrict: Other (specify) ▼  Other (specify) ▼  Substrotal of Disbursements This Page (optional)	Purpose of Disbursement			
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)   Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Primary General Other (specify)   Senate Primary General Other (specify)   State: District:	Candidate Name			Amount of Each Disbursement this Period
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General Primary General President President  State: District:  Substoctate Other (specify)  State: District:				$\bigcup$
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Primary General President President Other (specify) ▼  State: District:  Substrate: District: □ Disbursements This Page (optional)				
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) State: District:  SUBTOTAL of Disbursements This Page (optional)				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)		- V	-	
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)			-	Date of Dishursement
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:				l .
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substruct: Disbursements This Page (optional)	Mailing Address	•	<del></del>	
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substruct: Disbursements This Page (optional).	City	State Zip Code		
Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substruct: Disbursements This Page (optional)	Purpose of Disbursement			1
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidate Name			Amount of Each Disbursement this Period
President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)			,	1
SUBTOTAL of Disbursements This Page (optional)	President			
	State: District:		<del></del>	
TOTAL This Period //ast page this line number only)	SUBTOTAL of Disbursements This Page (c	optional)	······•	0
	TOTAL This Devied Best ness this the	nher only)		$\cap$

# LOANS

SCHEDULE C (FEC Form 3X) PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) Primary General Mailing Address Other (specify) w City ZIP Code State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period TERMS Interest Rate Date Incurred Date Due Secured: . :. Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** ZIP Code State City Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed State City Outstanding:

SUBTOTALS This Period This Pa	age (optional)	

TOTALS This Period (last page in this line only)......

Carry outstanding balance only to LINE 3, Schedule D, for this line. 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 C

Federal Election Commission, Washington, D.C. 20463

		<del> </del>	
NAME OF COMMITTEE (In Full)		FEC IDEN	TIFICATION NUMBER
Manufacturers Assoc of Ca	entral NY Inc Fel	PAC COO	532911
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Int	erest Rate (APR)
			A
Mailing Address			
•	Date Incurred or Established	·	
City State Zip Code	Date Due	n (1 7	
A. Has loan been restructured? No Yes	If yes, date originally incurre	d	S 1
B. If line of credit,	Total Outstanding		
Amount of this Draw:	Balance:	ŧ	$\mathcal{O}$
C. Are other parties secondarily liable for the debt incu No Yes (Endorsers and guarantors r	rred? nust 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	of deposit, chattel papers,	What is the value	of this collateral?
No Yes II yes, specify:			
			ive a perfected security  No Yes
Are any future contributions or future receipts of inte- collateral for the loan? No Yes If yes,	1	What is the estima	led value?
		ą	. 0
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
÷ 41	City, State, Zip:		
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load			
G. COMMITTEE TREASURER		DATE	
Typed Name Signature			to F
H. Attach a signed copy of the loan agreement.			
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>To the best of this institution's knowledge, the are accurate as stated above.</li> </ol>			
II. The loan was made on terms and conditions ( similar extensions of credit to other borrowers  III. This institution is aware of the requirement that the state of the requirement that the state of the requirement of the requirement that the state of the requirement of the recommendation.	of comparable credit worthiness. t a loan must be made on a bas	is which assures rep	,
complied with the requirements set forth at 11		accomis man	
AUTHORIZED REPRESENTATIVE	CFH 100.82 and 100.142 in mak	DATE	
AUTHORIZED REPRESENTATIVE Typed Name Signature	Title		

#### SCHEDULE D (FEC Form 3X) DERTS AND ORLIGATIONS

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

Excluding Loans	1	each ered line)	(check only one)	9
NAME OF COMMITTEE (In Full)	<del>1</del>	<del></del>		1.1.
Manufacturers Assoc of Central NY I		Feder	al PA	<u></u>
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period				
Amount Incurred This Period Payment This Period		Outstandir	ng Balance at Clos	se of This Period
	$\bigcap$	O G LO I G I G I G I G I G I G I G I G I G I	ig Balance at Clos	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	<del></del> ,	Vature of D	ebt (Purpose):	
D. I di realite (East, 1 iist, middle millar) di Debidi di Orealidi	'	valure or D	ebi (Furpose).	
Mailing Address				
City State Zip Code				
			·· <del>·</del>	
Outstanding Balance Beginning This Period				
Amount Incurred This Period Payment This Period		Outstandir	ng Balance at Clos	se of This Period
$\bigcirc$	0			0
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	- 1	Nature of D	ebt (Purpose):	
	.			
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period			<del></del>	
0				
Amount Incurred This Period Payment This Period		Outstandin	ng Balance at Clos	se of This Period
$\mathcal{L}$	U			O
1) SUBTOTALS This Period This Page (optional)	Þ			. 0
2) TOTALS This Period (last page this line number only)	•			0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Þ		,	. 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	only) ▶			()

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

EMIZED INDEPENDENT EXPENDITURES					AGE OR LINE 2	OF 4 OF FORM 3X
AME OF COMMITTEE (In Full)	) , , , , , , ,			FEC IDE	VTIFICATI	ON NUMBER V
	entral NY	TUC	70	CO	053	2911
Check if 24-hour notice 48-hour notice	Hadera	LŁĮ	40		*	
Full Name (Last, First, Middle Initial) of Payee			Date			
Mailing Address						
			Amour	nt		
City State	Zip Code				• •	
Purpose of Expenditure	Category/	Office	Sough	ht: I	louse	State:
	Туре				Senate <sup>-</sup>	District:
Name of Federal Candidate Supported or Opposed by Expendi	ture:				President	
		Chec	k One:		Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	, ,	Disbu		nt For: ; her (speci	Primary	General
Full Name (Last, First, Middle Initial) of Payee	yan kanan dagan dagan dagan sang sang sang dagan sa dagan dagan dagan dagan dagan sang sang sang sang sang san		Date			
		ŀ		e veri		
Mailing Address						
			Amou	nt		$\sim$
City State	Zip Code				5	$\mathcal{O}$
Purpose of Expenditure	Category/	Office	e Soug	ht:	House	State:
	Туре				Senate	District:
Name of Federal Candidate Supported or Opposed by Expend	iture:	Chan	de Onne		President	0,,,,,,
		Chec	k One:	· · · · · · · · · · · · · · · · · · ·	Support	. Oppose
Calendar Year-To-Date Per Election	$\cap$	Disbu	ursemei		Primary	General
for Office Sought			Ot	ther (speci	<sup>fy)</sup> ▶	
	i de la composição de la c		···	and a series of the series		
(a) SUBTOTAL of Itemized Independent Expenditures		·· <b>Þ</b>				$\mathcal{O}$
				•		$\sim$
(b) SUBTOTAL of Unitermized Independent Expenditures	04 0 14 15 16 16 16 14 14 14 14 14 14 14 14 14 14 14 14 14	▶				Ų į
A Second Laborated Formand	•					n
(c) TOTAL Independent Expenditures	•••••••••••	Þ				Ų
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.						
	·			•		
Signature	Date	e				

# 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 Full Name of Subordinate Comm coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City 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) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date City 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 Zip Code State 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) 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)
Monufacturers 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
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  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) ALLOCATION RATIOS

PAGE	-	 OF

NAME OF COMMITTEE (IN Full)	Assoc of	Contral	NY In	Federal	PAC
	<u> </u>				

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		4.
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		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support		
CHECK IF THE RATIO IS:	1	·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support		٤,
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		
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

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• •	.0
• •	."U
. •	
	0
,	0
0 0	: `

MOL	of committee (in full) NUTactivers Assoc	of Contral NY ]	Inc. Federa	I PAC
NAI	ME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TR	ANSFERRED
			7	O
BRE	AKDOWN OF TRANSFER RECEIVED			6
1)	Total Administrative		•	.O
ii)	Generic Voter Drive			.0
100	Exempt Activities	·····		$\bigcap$
			• • •	. 0
IV	Direct Fundraising (List Activity or Event I	dentiner)		
	a)	_ 0	. •	
	ы	. 0		
	c) Total Amount Transferred For Direct Fun	draising		$\mathcal{O}$
(V	Direct Candidate Support (List Activity or	Event Identifier)		
		$\cap$		
	a)			
	b)	_		
	c) Total Amount Transferred For Direct Can	ndidate Support	, , ,	0
vi	Public Communications Referring Only t	to Party (Made by PAC)		0
•	TOTALS	FOR BREAKDOWN OF TRANSFER RECEIVE	ED	
IATOT	_ This Period (Administrative)		0	
ATOT	_ This Period (Generic Voter Drive)	¥	O	
TOTA	This Period (Exempt Activities)		0	
TOTA	This Period (Direct Fundralsing)		(	) :
TOTA	L This Period (Direct Candidate Support)		v	0
TOTA	L This Period (Public Communications Referri	ing Only to Party)		O
ATOTA	L This Period (Total Amount Transferred)			0

# 2016 - 04 - 19 - 0M - 00067601

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

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF
	NE 21a OF FORM 3X

'n	anufactures Assoc of Central N	N Tro	Edwal DAC
Α.	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:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	-	U
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	0	,0	. , . O , O ,
В.	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:	T	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	_	U .
	Activity of Event Identities.	Category/ Type	Date
	FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	0	0	0
c.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address	<del></del>	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:	Category/ Type	Date
	FEDERAL SHARE + NONFEDERA	AL SHARE	= TOTAL AMOUNT
	O	0	
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		**************************************
	FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
-	This Deviced (least upon the peak line arch)(Forders) above to Cataly)	nd NonEadard	O 21(aViil)
10	TAL This Period (last page tor each line only)(Federal share to 21(a)(i) a FEDERAL SHARE NONFEDERA		TOTAL AMOUNT
	0	. 0	.()
		· · · · · · · · · · · · · · · · · · ·	

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

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR

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

ALLOCATED FEDERAL ELECTION ACTIVITY FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID Total Amount Transferred for Voter ID..... III) GOTV Total Amount Transferred for GOTV ..... **GENERIC CAMPAIGN ACTIVITY** iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity ..... NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED BREAKDOWN OF THIS TRANSFER **VOTER REGISTRATION** i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID Total Amount Transferred for Voter ID..... GOTV Total Amount Transferred for GOTV ..... **GENERIC CAMPAIGN ACTIVITY** iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity ..... TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registration)..... TOTAL This Period (Voter ID) TOTAL This Period (GOTV) TOTAL This Period (Generic Campaign Activity)..... TOTAL This Period (Total Amount of Transfers Received).....

# 2016 04 19 0M 0006760M

# 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

NAME OF COMMITTEE (In Full)				
Manufacturex Assoc. of Contra	INY	Inc. Fed	eral f	PAC
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activ		
		Voter Registration Voter ID		GOTV c Campaign
Mailing Address		Allocated Activity	or Event Year-To	o-Date
induing Address				
City State Zip Code				· <u> </u>
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE + LEVIN SH	ARE	= TOT.	AL AMOUNT	
	.0			. D
B. Full Name (Last, First, Middle Initial) / Full Organization Name	TO A PORT OF THE PROPERTY OF T	Type of Allocated Activ	-	r Tree in the property with the second second
	•	Voter Registration Voter ID		GOTV ic Campaign
Mailing Address		Allocated Activity	or Event Year-T	o-Date
maing Address				$\cap$
City State Zip Code				
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE + LEVIN SH	<u> </u>	= 101	AL AMOUNT	
0				$\mathcal{O}$
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Acti	vity or Event:	
	·	Voter Registration Voter ID	n Gener	GOTV ic Campaign
Mailing Address		Allocated Activity	or Event Year-1	To-Date
Waling Address				$\bigcirc$
City State Zip Code				<u> </u>
Purpose of Disbursement	Category/ Type	Date	ì	
FEDERAL SHARE + LEVIN SH		= TO1	AL AMOUNT	
.0	O	• •		$\bigcirc$
SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVIN SH	IARE	= TO	TAL AMOUNT	
$\cap$	$\widehat{\mathbb{D}}$			$\bigcap$
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) an FEDERAL SHARE	nd Levin share to		TAL AMOUNT	
LEVIN SH	IARE		,	0
TOTAL This Period for the Levin Share				

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

MAN	e of committee (in full)  anufactures Assoc	of Contral NY I	nc Federal PAC
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	O	0
	(b) Unitemized		. 0
	(c) Total		0
2.	OTHER RECEIPTS	0	0
3.	TOTAL RECEIPTS(Add Lines 1c. and 2)	6	Ů
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-R)		
	(a) Voter Registration	0	0
	(b) Voter ID	0	0
	(c) GOTV	0	0
	(d) Generic Campaign	0	0
	(e) Total	0	0
5.	OTHER DISBURSEMENTS	. 0	Ų
6.	TOTAL DISBURSEMENTS(Add Lines 4c and 5)	0	0
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	0	0
8.	RECEIPTS	O	0
9.	SUBTOTAL		0
10.	DISBURSEMENTS	0	. 0
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0	0

### SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS for each category of the FOR LINE NUMBER: Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 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 C. Mailing Address Amount of Each Receipt this Period 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 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)......

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

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

FOR LINE NUMB	PAG	E		OF		
(check only one)		4a		4c	5	
		4b		4d		

OF LEVIN FUNDS Aggregation Page		
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUIL)  Manufacturers Assoc o	f Contral NY I	Enc. Federal PAC
Full Name (Last, First, Middle Initial) / Full Organizati A.	on Name	Date of Disbursement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		0
Full Name (Last, First, Middle Initial) / Full Organizati B.	on Name	Date of Disbursement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		0
Full Name (Last, First, Middle Initial) / Full Organizati C.	on Name	Date of Disbursement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	7	
Full Name (Last, First, Middle Initial) / Full Organizati D.	on Name	Date of Disbursement
Mailing Address		
City Sta	ate Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organizati E.	on Name	Date of Disbursement
Mailing Address		
City Sta	ate Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		$\cap$
TOTAL This Period (last page this line number only)		

5788 Widewaters Parkway Syracuse, NY 13214



Federa OElection Commission 999 E State Street NW 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** 04-07-2016 04-19-2016 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):

04-19-2016

DATE PREPARED

(3/2015)