1	FE FORN	- 1	Þ	ND	DIS	OF R BURS	EMEN	TS	FEC 2016 AF	RI9 AN	INTER 1 9:38
1.	NAME (COMM!	OF TTEE (in full		YPE OR	PRINT V	7	Example: If t over the lines		12FE4M5		
I	nc	fact Fede	ral	ρΑ	C	· 1	I	of C 5 Par	entra kway	1 Neu	u York
v	tha	eck if differer n previously orted. (ACC)	nt	i	acu		 	· · · · ·		13219	 ∦: ≹
2.	FEC ID	ENTIFICATI	ION NU	MBER V						ZIP (
	c <i>0</i>	053.	29 1	1		3. IS TH REP(NEW (N) OR	AMI (A)	ENDED	
4.	TYPE (Choose	OF REPOI	RT		ort	Feb 20	(M2)	May 20 (M5) Aug 2	10 (M8)	Nov 20 (M1 (Non-Election Year Only)
	(a) Qu	arterly Report	s:	Đu	e On:	Mar 20	(M3)	Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M ⁴ (Nun-Election Year Only)
	(-)					Apr 20	(M4)	Jul 20 (M7)	Oct 2	0 (M10)	Jan 31 (YE
		April 15 Quarterly R	eport (Q1) (c)	12-Day		Primary (12P)	General (1	2G)	Runoff (12R
		July 15 Quarterly R	eport (Q2) .	PRE-El Report	ection for the:	Conventio	on (12C)	Special (1	2S)	
		October 15 Quarterly R	eport (Q3)				· .		in th	1e
	×	January 31 Year-End R	eport (YE	}		Election or	1			Stat	
		July 31 Mid Report (Nor Year Only)	n-election	(d)		Election for the:	General	(30G)	Runoff (30)R)	Special (30
		Termination (TER)	Report			Election or	n			in th State	ne ie of
		·· · ·		• • • •		• • •			· · · · · · · ·	· · · · · ·	
5.	Coverin	g Period) 0	0	1	2015	throug	_{ih} 12	2 31	2015	 '
Тур	pe or Prin	I have exan at Name of T Treasurer		Report	and to th		knowledge a Sta	nd belief it is t	rue, correct and Date 04	complete.	2011
				(/		information un	ou cubicat the	ooroop ciapina	this Report to the	a nanalties of	21150 6427
NC	TE: Subr	hission of fals	e, errone	ous, or inc	complete	Intormation m	ay subject the	person signing		e periances or	2 0.3.0. 943

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	OF R	Page 2	
Ŋ	rite or Type Committee Name NANUFACTURES ASSOC. eport Covering the Period: From:	of Contral NY	Inc. Federal PAC
1973)HIT	1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015,		0
	(b) Cash on Hand at Beginning of Reporting Period	71800	
	(c) Total Receipts (from Line 19)	6	150 00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	71800	175000
 7.	Total Disbursements (from Line 31)	24.DO	105600
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	694 00	694 00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

C

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

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

FEGAN026

9. Debts and Obligations Owed TO the Committee (Itemize all on

10. Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

	DET FEC Form 3X (Rev. 06/2004)	AILED SUMMARY PAGE of Receipts	Page 3
Ď	ite or Type Committee Name	of Central NY	Inc. Federal PAC
Re	port Covering the Period: From:	То	an an an an tha an
وتحدثو	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Iternized (use Schedule A)		1750.00 1750.00 0 1750.00 0 0 0 0
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	Ŭ	0
17.	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0 0	0 D
	(a) Non-Federal Account (from Schedule H3)	Ô	0
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	\sim	U
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	D.	0
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	0	0

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	FEC Form 3X (Rev. 02/2003)	AILED SUMMARY PAGE of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	· · · · · · · · · · · · · · · · · · ·	
	(i) Federal Share	· · · · · · · · · · · · · · · · · · ·	Q
	(ii) Non-Federal Share	0	. Û
	(b) Other Federal Operating	. 0	
	Expenditures	0	0
	(c) Total Operating Expenditures (add 21(a)(l), (a)(ii), and (b)) ▷	λ) J
22.	Transfers to Affiliated/Other Party	U	U
	Committees	.0	\tilde{D}
23.	Contributions to Federal Candidates/Committees		V
	and Other Political Committees	\mathbf{O}	1.600.00
24.	Independent Expenditures	Ŕ	\sim
25.	(use Schedule E) Coordinated Party Expenditures	U	U.
	(2 U.S.C. §441a(d)) (use Schedule F)	ń	f)
	(นอย อนายนนย์ ก)	V	
26.	Loan Repayments Made	\bigcirc	
	-F-V		
7.	Loans Made	0	· · · · · · · · · · · · · · · · · · ·
8.	Refunds of Contributions To: (a) Individuals/Persons Other	\sim	Ň
	Than Political Committees	U	V
	(b) Political Party Committees	\sim	\cap
	(b) Political Party Committees	U U	U
	(such as PACs)	n	\cap
	(U	\sim
	(d) Total Contribution Refunds	\sim	, Ŭ
	(add Lines 28(a), (b), and (c))	U U	0 · · · · · · · · · · · · · · · · · · ·
29.	Other Disbursements	24 00	5600
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	\land	\land
	(i) Federal Share	U .	т с,
	(ii) "I ovio" Share	ſ^.	\cap
	(ii) "Levin" Share (b) Federal Election Activity Paid Entirely	· · · · U	· 0
	With Federal Funds	\sim	\Box
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) >	Û	\mathbf{U}
31.	Total Disbursements (add Lines 21(c), 22,		Λ
-	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2400	1056.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Ċ	
	from Line 31)	(.)	()

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	FEC Form 3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 5
111.	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))	Ū	D
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	\bigcirc	1750.00
36 .	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37.	Offsets to Operating Expenditures (from Line 15, page 3)	, ()	0
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	Ď	D

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FE6AN026

CHEDULE A (FEC Form 3X))	· · · · · · · · · · · · · · · · · · ·	FOR LINE NUMBER: PAGE OF	7
ITEMIZED RECEIPTS	•	Use separate schedule(s for each category of the	s) (check only one)	
		Detailed Summary Page		_
r		L	13 14 15 16	17
Any information copied from such Reports and	d Statements m	ay not be sold or used by a address of any political com-	any person for the purpose of soliciting contribution miltee to solicit contributions from such committee.	ns
NAME OF COMMITTEE (In Full)		auticus of any political com		·
	Λ	$\Gamma \cap I$	- INIT - TI IN	100
Manutacturers 1	4SSOC.	of l'entra	al NY Inc. Federal P	'HU
Full Name (Last, First, Middle Initial)				
A Mailing Address			Date of Receipt	
City	State	Zip Code		
,	Unato		Amount of Each Receipt this Period	
FEC ID number of contributing				٦
federal political committee.	С)
Name of Employer	Öccupation			
·····				
Receipt For:	Annrenate	Year-to-Date 🛛		
Primary General		F		
Other (specify) 😽			ノ.	
Sult Name (Lost Sint Alideia Initial)				
Full Name (Last, First, Middle Initial) 8.			Date of Receipt	
Mailing Address				
City	State	Zip Code	·	
			Amount of Each Receipt this Period	_
FEC ID number of contributing	C		ĺ.	.) [.]
federal political committee.	_			
Name of Employer	Occupation	n		
Receipt For:				
Primary General	Aggregate	Year-to-Date V		
Other (specify)	1	(
· · · · · · · · · · · · · · · · · · ·		÷	~	
Full Name (Last, First, Middle Initial)			_	
			Date of Receipt	
Mailing Address		•		
City	State	Zip Code		
			Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		C)
Name of Employer	Occupatio	n		
Receipt For:	Annrante	Year-to-Date ♥		
Primary General	ryyieyale		\sim 1	
Other (specify) 🛛		(ノ	
			E C)
SUBTOTAL of Receipts This Page (optional)				5
TOTAL This Period (last page this line numb	per only)		······ ► · · · · · · · · · · · · · · ·	ノ
			-	

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SCHEDULE B (FEC Form 3X)	· · · · · · · · · · · · · · · · · · ·	FOR LINE	NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use the and address of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Manufactures Assoc. Full Name (Last. First. Middle Initial)	of Central	NYJ	Toc. Federal PAC
A.			Date of Disbursement
Mailing Address			
City S	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	D
· · ·	nent For: Primary General Other (specily) y		
Full Name (Last, First, Middle Initial) B.	gyn i dynaf yn yn yn gan yn gwran yn		Date of Disbursement
Mailing Address			· · · ·
City S	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	D
	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)	مى تى چىلى بىرى بىرى بىرى بىرى بىرى بىرى بىرى ب		
C.	<u></u>		Dale of Disbursement
Mailing Address			
,	State Zip Code		
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) 👽	Туре	0
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			8

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SCHEDULE C (FEC Form 3X) INANS

LOANS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (IN Full) Manufacturer Assoc of Cen TEGAN SOURCE Full Name (Last, First, Middle Initial)	tral NY In	C. Federal PAC
Mailing Address		Primary General Other (specily) ▼
City State ZIP C	ode	
Original Amount of Loan Cumulative Payment Te	o Date Balance	Outstanding at Close of This Period
· 0 · ·	х о <u>о</u> с	0
TERMS Date Incurred Date Due	e Interest Rate	Secured:
		% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	D
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	Ď
3. Full Name (Last, First, Middle Initial)	Name of Employer	••••••••••••••••••••••••••••••••••••••
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	U
		\cap
SUBTOTALS This Period This Page (optional)	····· •	U
TOTALS This Period (last page in this line only)	Þ	<u>.</u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	f no Schedule D, carry forward	to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM I Federal Election Commission, Weshington, D.C. 20463	LENDING INSTITUTION	Supplementary for Information found on Page of Schedule C
NAME OF COMMITTEE (In Full)		
Manufacturers Assoc of C	entral NY Tor Fa	FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Establishe	
City State Zip Code	Date Due	· · · · · · · · · · · · · · · · · · ·
A. Has loan been restructured? No Yes	If yes, date originally incurr	ed
B. If line of credit, Amount of this Draw:	O Total O Utstanding Balance:	. 0
C. Are other parties secondarily liable for the debt incl , No Yes (Endorsers and guarantors	urred? must be reported on Schedule C	.)
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or othe No Yes If yes, specify:	of deposit, chattel papers,	What is the value of this collateral?
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of int collateral for the loan? No Yes If yes		What is the estimated value?
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:	
2 . u	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this lo	was pledged for this loan, or if th an was made and the basis on v	e amount pledged does not equal or exceed which it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature	· · · · · · · · · · · · · · · · · · ·	DATE
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 loan was made on terms and conditions similar extensions of credit to other borrowers This institution is aware of the requirement the complied with the requirements set forth at 11 	e terms of the loan and other info (including interest rate) no more to of comparable credit worthiness. at a loan must be made on a ba	avorable at the time than those imposed for sis which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	

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SC	IEDULE D (FEC Form 3X)	r		PAGE	OF
			lse separate schedule(s)	FOR LINE NUME	
	BTS AND OBLIGATIONS		for each	(check only one)	9
	uding Loans	ทบ	mbered line)		10
NAM	IE OF COMMITTEE (In Full)				
M	anufacturers Assoc. of Central N	1 The	Indo	mI DA(٠, ١
4	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			ebt (Purpose):	
-	Jallan Addama		_		
*	Jailing Address				
σ	City State Zip Code				
				·	
	Outstanding Balance Beginning This Period				
	\sim				
	Amount Incurred This Period Payment This	Doriod	Outotandi	nn Balanaa at Claa	a of This Pariod
			Cutstanui	ng Balance at Close	
	\mathbf{V}	\mathcal{O}		N	0
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of C	Debt (Purpose):	
Ļ				·	
۱.	Aailing Address				
10	City State Zip Code				
Γ	Outstanding Balance Beginning This Period				
			.		
	Amount Incurred This Period Payment This	Period	Outstandi	ng Balance at Clos	e of This Period
		Ű.			O_{\cdot}
Ļ	. Full Name (Last, First, Middle Initial) of Debtor or Creditor		I Makura of C		
			Nature of L	Pebt (Purpose):	
Ī	Aailing Address				
	City State Zip Cod				
		•			
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period Payment This	Period	Outstandi	ng Balance at Close	e of This Period
	()	O			()
	Č	<u> </u>			
					\cap
1)	SUBTOTALS This Period This Page (optional)	Þ	-		V
2)	TOTALS This Period (last page this line number only)	B	•		0
					$\tilde{\wedge}$
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		>		U
	ADD 2) and 3) and carry forward to appropriate line of Summary Page (la	et page only \$	 >		(
1 ")	and and carry rorman to appropriate the or Summary Fage (is	ior hade only b		•	

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SCHEDULE E (FEC Form 3X)				
ITEMIZED INDEPENDENT EXPENDITURES			PAGE	OF 24 OF FORM 3X
	<u></u>		FEC IDENTIFICATI	
Manufacturers Assoc. of (Partral NIV.	Too		_
	erman N/-	- non	C0053	2411
Check if 24-hour notice 46-hour notice Full Name (Last, First, Middle Initial) of Payee	Hadera	PH	a ang ng minang min	
		Dale		-
Mailing Address				
		Amou	-	
City State	Zip Code			
Unit Charle				\mathbf{O}
Purpose of Expenditure	Category/	Office Soug	ht: House	State:
	Туре		Senate	District:
Name of Federal Candidate Supported or Opposed by Expend	iture:		President	·
		Check One:	Support	Oppose
Calendar Year-To-Date Per Election	\cap	Disburseme	nt For: : Primary	General
for Office Sought	, U	0	ther (specify)	
Full Name (Last, First, Middle Initial) of Payee		Date	1999 - 1990 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
		ļ		
Mailing Address				
		Amou	nt	
City State	Zip Code			$\hat{\Box}$
	·		· ·	
Purpose of Expenditure	Category/	Office Soug	ht: House	State:
	Туре		Senate	District:
Name of Federal Candidate Supported or Opposed by Expend	iture:		President	
		Check One	Support	Oppose
Calendar Year-To-Date Per Election	\sim	Disburseme	nt For: Primary	General
for Office Sought	· U.	0	ther (specify)	
	<u>даасы аларды жай бай</u> ары алар <mark>жара жай жа</mark> лан.			
(a) SUBTOTAL of Itemized Independent Expenditures				\bigcirc
(a) SUBTOTAL OF REMIZED INdependent Experiordres		·· P	•	U
(b) SUBTOTAL of Uniternized Independent Expenditures	·			0
		·· •	• · · · ·	U
(c) TOTAL Independent Expenditures				0
		₽.	•	U
	and the second secon			
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho	ures reported herein were rized committee or agent (not made in of either, or (if	cooperation, consulti the reporting entity	ation, or concert is not a political
party committee) any political party committee or its agent.		··· ··· ·· ··	.,	·
• • • • • • • • • • • • • • • • • • •	Date	8		
Signature				

CHEDULE F (FEC Form 3) EMIZED COORDINATED PAR	•	ZES MA	NE BY			
DITICAL PARTY COMMITTEE	es or design/	TED AC	GENT(S)		PAGE	OF
U.S.C. 6441a(d))	be used only by Polit			ral Election)	FOR LINE 25	DF FORM 3X
ME OF COMMITTEE (In Full) anufacturers Assoc	of Centra	al N`		eral PAC	Checl 24-ho	c if ur notice
is your committee been designated to ma ordinated expenditures by a political party YES NO YES, name the designating committee:	1		rdinate Committee			
	City			Stat	le ZIP C	ode
Full Name (Last, First, Middle Initial) of	Each Payee		<u></u>	Purpose of Expe	inditure	
Mailing Address						Category/ Type
City	State	Zip Code	ar qayga 2-0	Date	· .	
Name of Federal Candidate Supported	S	ouse enate residential	State: District:	Amount		0
Aggregate General Election Expenditure for this Candidate ₽	· ·		. 0		ed Due to Oppo S.C. §441a())/44	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	inditure	
Mailing Address			<u></u>			Category/ Type
City	State	Zip Code		Date		
Name of Federal Candidate Supported	S	ouse enate residential	State: District:	Amount		Ó
Aggregate General Election Expenditure for this Candidate Þ			0		sed Due to Opp S.C. §441a(i)/44	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	enditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code			· .	
Name of Federal Candidate Supported	S	ouse enate residential	State: District:	Amount		0
Aggregate General Election Expenditure for this Candidate			0		sed Due to Opp S.C. §441a(i)/44	
UBTOTAL of Expenditures This Page (op OTAL This Period (last page this line nur		• • • • • • • • • • • • • • • • • • •		<u></u>		0

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FEC Schedule F (Form 3X) Rev. 02/2003

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
Nonfederat
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLUCATION HATIOS		
	Inc. Federal	PAC
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	te support	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re are allocated using a time/space method.	t derived by lederal cand unications or voter drives	idates from the ac-
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	"h-	. ''
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- ¹ 44	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	N	· · · · · ·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	. Sa	:
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		

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PAGE

OF

SCHEDULE	H3 (FE0	C Form 3	3X)		
TRANSFERS	FROM N	ONFEDER	AL ACC	DUNTS F	OR
ALLOCATED	FEDERA	l / Nonfi	EDERAL	ACTIVITY	,

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY			PAGE OF		
			F	OR LINE 18	a OF FORM 3X
Mar	UFACTIVERS ASSOC OF CONTRAL NY	<u>Lnc.</u>	Fed	leral	PAC
NAN	E OF ACCOUNT DATE OF RECEIPT	TO 1	ral amo	UNT TRAN	SFERRED
					\mathcal{D}
BRE	AKDOWN OF TRANSFER RECEIVED				
i)	Total Administrative				Ø
H)	Generic Voter Drive		ł		0
HI)	Exempt Activities	· .	•••		.0
iv)	Direct Fundraising (List Activity or Event Identifier)		·		
	a)				
	ы				
		•			\sim
v)	c) Total Amount Transferred For Direct Fundraising Direct Candidate Support (List Activity or Event Identifier)				U
	a)				
	b)				
	c) Total Amount Transferred For Direct Candidate Support				0.
vi)	Public Communications Referring Only to Party (Made by PAC)		, .	. • •	Ó
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	ED			NAME AND A DESCRIPTION OF A DESCRIPTION OF
TOTAL	This Period (Administrative)		0		
TOTAL	This Period (Generic Voter Drive)	•.	Ć		
TOTAL	This Period (Exempt Activities)			O	
				-	:
IOIAL	This Period (Direct Fundralsing)	· ·	• .	<u> </u>	\wedge
TOTAL	This Period (Direct Candidate Support)	۰ ۲			
TOTAL	This Period (Public Communications Referring Only to Party)				U
TOTAL	This Period (Total Amount Transferred)	·			0

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FEC Schedule H3 (Form 3X) Rev. 12/2004

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NA			^			FOR LINE 21a	OF FOHM :
Ŋ	With the second	of Co	entral N	Inc.	Allocated Activity	PAC.	
					Administrativ	Fundraising	Exemp
	Mailing Address				Voter Drive	Direct Candi	date Suppo
	City	State	Zip Code		Public Comm	(ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activit	y or Event Year-To	-Date
	Activity or Event Identifier:						
				Category/ Type	Date	~ ·	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT	
	.0			, O		1	O_{i}
	Full Name (Last, First, Middle Initial)				Allocated Activity	or Event:	
	Mailing Address				Administrativ	e Fundraising	Exem
					Voter Drive	Direct Candi	date Suppo
	City	State	Zip Code		1	i (ref to party only y or Event Year-Te	
•	Purpose of Disbursement:			• .*			
	Activity or Event Identifier:			Category/	·	·····	
				Туре	Date	······································	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	2	TOTAL AMOUNT	
	.U			Ũ		. ,	\mathcal{O}
	Full Name (Last, First, Middle Initial)				Allocated Activity		·
	Mailing Address				Administrativ	 Fundraising Direct Candi 	. Exem date Suppo
	City	State	Zip Code			(ref to party only	
	Purpose of Disbursement:				Allocated Activit	y or Event Year-Te	D-Date
							Ú
	Activity or Event Identifier:		1	Category/ Type	Date	· · ·	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT	
)	•	D			Ο
i	JBTOTAL of Allocated Federal and NonFed	eral Activity Ti	nis Page				
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUNT	
	Σ)		Ð) .		D
Ç	OTAL This Period (last page for each line o	nly)(Federal sl			nare to 21(a)(ii))		Ť
	FEDERAL SHARE		NONFEDERAL	SHARE		TOTAL AMOUNT	~

SCHEDULE H5 (FEC Form 3X)	
TRANSFERS OF LEVIN FUNDS RECEIVED FOR	
ALLOCATED FEDERAL ELECTION ACTIVITY	PAGE OF
(To be used by State, District and Local Party Committees	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	
Manufacturer Assoc of Centre	al NY Inc. Federal PAC
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration	
Total Amount Transferred for Voter Registration	1)
ii) Voter ID	
Total Amount Transferred for Voter ID	Ŭ
	GOTV
	\wedge
Total Amount Transferred for GOTV	
Iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	U
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	VOTER REGISTRATION
i) Voter Registration	
Total Amount Transferred for Voter Registration	$\mathbf{U}_{\mathbf{r}}$
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	Ū.
	GOTV
iii) GOTV Total Amount Transferred for GOTV	
(v) Generic Campaign Activity	\land
Total Amount Transferred for Generic Campaign Activity	
TOTALS FOR BREAKDOWN OF TRANSFE	IN NECEIVED (Last Page Only)
TOTAL This Period (Voter Registration)	\cap
TOTAL This Period (Voter negistration)	
TOTAL This Period (Voter ID)	0
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
	. –
TOTAL This Period (Total Amount of Transfers Received)	······
	Ŭ

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)

(To be used by State, District and Local Party Committees	Only)		FOR LINE 30a	OF FORM 3X
NAME OF COMMITTEE (In Full)				
Manufacturers Assoc. of Contra	LNY	Inc. Fe	deral	PAC
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Voter Registr		GOTV
		Voter ID		neric Campaign
Mailing Address		Allocated Acti	vity or Event Yea	r-To-Date
				\bigcirc
City State Zip Code				
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE + LEVIN SH	ARE	=	TOTAL AMOUNT	
\bigcirc	D			\bigcirc
B. Full Name (Last, First, Middle Initial) / Full Organization Name	an de la composition de la composition	Type of Allocated		
		Voter Registr Voter ID		GOTV neric Campaign
		Allocated Acti	vity or Event Yea	r-To-Date
Mailing Addréss			ony of Lyon rec	
City State Zip Code		· · ·	·	0
Purpose of Disbursement	Category/	Date		
FEDERAL SHARE + LEVIN SH	Type	=	TOTAL AMOUNT	
\cap	Ð	· .		\mathcal{O}
C. Full Name (Last, First, Middle Initial) / Full Organization Name	· · · · ·	Type of Allocated	Activity or Event	
C. Tun Manle (Last, First, mildle finital) / fun Organization Manle		Voter Registr Voter ID	ation	GOTV neric Campaign
Mailing Address		Allocated Act	ivity or Event Ye	ar-To-Date
Maning Address			-	\cap
City Stale Zip Code		 		
Purpose of Disbursement	Category/ Type	Date		
FEDERAL SHARE + LEVIN SH	ARE	=	TOTAL AMOUNT	
	D	·		\overline{O}
		CBR 78-11/18/0 0-00-00-00-00-00-00-00-00-00-00-00-00-		
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	ARE	=	TOTAL AMOUNT	r
\bigcirc	Ń			\cap
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) an		o 30(a)(ii))		
	7	.)	TOTAL AMOUN	n
LEVIN SH	ARE		,	\cup
TOTAL This Period for the Levin Share	([^])			

FEC Schedule H6 (Form 3X) Rev. 02/2003

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

MAM	e OF COMMITTEE (In Full) anufactures Assoc	of Contral NY Inc.	Federal PAC
NAM	E OF ACCOUNT		
·		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized	0	0
	(b) Unitemized	0	0
	(c) Total	$\delta = 0$	0
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS	0	- · O
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	$ \bigcirc $	D
	(b) Voter ID	Ŭ	0
	(c) GOTV	0	0
	(d) Generic Campaign	0	0
	(e) Total	. O	\mathbb{O}
5.	OTHER DISBURSEMENTS	\mathbf{O}	0
6. 	TOTAL DISBURSEMENTS		0
7.	BEGINNING CASH ON HAND	0	0
8.	RECEIPTS (from Line 3)	0	0
9.	SUBTOTAL	0	\mathcal{O}^{*}
10.	DISBURSEMENTS	O	· 0
11.	ENDING CASH ON HAND	6	O

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SCHEDULE L-A (FEC Form 3X)	[PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the	
	Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and addre	t be sold or used by any person ss of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•	
Manufacturers Assoc of (Full Name (Last, First, Middle Initial) / Full Organization Name	entral NY	Date of Receipt
A.		
Mailing Address		4
		Amount of Each Receipt this Period
City Stat	e Zip Code	\bigcirc
Name of Employer or Principal Place of Business		
		Aggregate Year-to-Date
Occupation		\mathbf{D}
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
B.		
Mailing Address		4
Manny Address		Amount of Each Receipt this Period
City Stat	e Zip Code	
Name of Employer or Principal Place of Business		U
		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		
C.		Date of Receipt
Mailing Address		
Maning Address		
City Stat	e Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	·····	
		Aggregate Year-to-Date
Occupation		
Full Mana // act. First Middle Initially / Full Operation Mana		, , ,
Full Name (Last, First, Middle Initial) / Full Organization Name D,		Date of Receipt
Mailing Address		
City Stat	e Zip Code	Amount of Each Receipt this Period
Name of Employer or Burning Black of Burning		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
		\sim
SUBTOTAL of Receipts This Page (optional)	▶	
TOTAL This Period (last page this line number only)		

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SC	HEDULE L-B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 4a 4c 5
	LEVIN FUNDS	Aggregation Page	4b 4d
An	y information copied from such Reports and Statements may n for commercial purposes, other than using the name and addre	ot be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
N	NAME OF COMMITTEE (IN Full) Antifactures Assoc of C	antral NIV T	nc. Federal PAC
	Full Name (Last, First, Middle Initial) / Full Organization Name		ne. realization
A.			Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		, U
8 .	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
J.			Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		$\mathbf{G}_{\mathbf{r}}$
	Full Name (Last, First, Middle Initial) / Full Organization Name		n an an a China an an Albahata an an a an a tala an an an an Albahata an an Albahata an an an an an an an an an
C.			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 Organization Name		
D.			Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		D
— E.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
5.			Lac a distance
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		\mathbf{O}
6.380			\sim
	UBTOTAL of Disbursements This Page (optional)		Real Real Real Real Real Real Real Real
T	OTAL This Period (last page this line number only)	▶	U

5788 Widewaters Parkway Syracuse, NY 13214 999 E State Street NW Washington DC 20463 Federal Election Commission UNITED GIATES POSSA

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ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date Other (Specify):	of Receipt or Postmarked
m	4-19-16
PREPARER	DATE PREPARE