

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 APR 19 AM 9:38

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Manufacturers Association of Central New York
Inc Federal PAC

ADDRESS (number and street) 5788 Widewaters Parkway

Check if different than previously reported. (ACC)

Syracuse NY 13214

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00532911

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

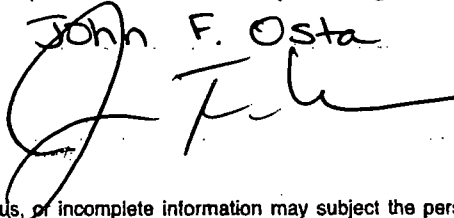
Election on in the State of

5. Covering Period 10 01 2015 through 12 31 2015

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 John F. Osta

Signature of Treasurer



Date 04 06 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Manufacturers Assoc. of Central NY Inc. Federal PAC

Report Covering the Period:

From:

To:

	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.....	718.00	
(c) Total Receipts (from Line 19).....	0	1750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	718.00	1750.00
7. Total Disbursements (from Line 31).....	24.00	1056.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	694.00	694.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0

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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Manufacturers Assoc of Central NY Inc. Federal PAC

Report Covering the Period: From:

To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	
(ii) Unitemized.....	0	1,750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0	1,750.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	0	1,750.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0	0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 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	1,750.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	1,750.00
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	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

NON-PROFIT CORPORATION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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)
Manufacturers Assoc. of Central NY Inc. Federal PAC

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		0
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		0
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		0
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

SUBTOTAL of Receipts This Page (optional).....▶	0
TOTAL This Period (last page this line number only).....▶	0

2010-01-10 10:00:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
Manufacturers Assoc. of Central NY Inc. Federal PAC

A.		Date of Disbursement	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period <i>0</i>
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

B.		Date of Disbursement	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period <i>0</i>
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

C.		Date of Disbursement	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period <i>0</i>
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>8</i>
TOTAL This Period (last page this line number only).....▶	<i>8</i>

2010-01-10 10:00:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc. Federal PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State ZIP Code	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
0	0	0

TERMS	Date Incurred	Date Due	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: 0
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0
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: 0

SUBTOTALS This Period This Page (optional)..... ▶	0
TOTALS This Period (last page in this line only)..... ▶	0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0
2) TOTALS This Period (last page this line number only)..... ▶	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0

2010-01-14 10:00:00 AM

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Manufacturers Assoc. of Central NY Inc</i>	FEC IDENTIFICATION NUMBER <i>00532911</i>
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice <i>Federal PAC</i>	

Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code	Date Amount <div style="text-align: right; font-size: 2em;">0</div>
--	---

Purpose of Expenditure Category/Type	Office Sought: House Senate President	State: _____ District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="text-align: center; font-size: 2em;">0</div>			

Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code	Date Amount <div style="text-align: right; font-size: 2em;">0</div>
--	---

Purpose of Expenditure Category/Type	Office Sought: House Senate President	State: _____ District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="text-align: center; font-size: 2em;">0</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0
(c) TOTAL Independent Expenditures ▶	0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

UNIVERSITY MICROFILMS

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (in Full)
Manufacturers Assoc. of Central NY Inc. Federal PAC

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

Methods of allocation:

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

NON-FEDERAL CONTRIBUTIONS

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		

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

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Manufacturers Assoc of Central NY Inc. Federal PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		0
ii) Generic Voter Drive		0
iii) Exempt Activities.....		0
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	0	
b) _____	0	
c) Total Amount Transferred For Direct Fundraising		0
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____	0	
b) _____	0	
c) Total Amount Transferred For Direct Candidate Support.....		0
vi) Public Communications Referring Only to Party (Made by PAC)		0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0
TOTAL This Period (Generic Voter Drive)	0
TOTAL This Period (Exempt Activities)	0
TOTAL This Period (Direct Fundraising)	0
TOTAL This Period (Direct Candidate Support)	0
TOTAL This Period (Public Communications Referring Only to Party)	0
TOTAL This Period (Total Amount Transferred).....	0

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (in Full)

Manufacturers Assoc of Central NY Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt	
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date			
			0			
			Category/Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
0			0			0

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt	
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date			
			0			
			Category/Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
0			0			0

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt	
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date			
			0			
			Category/Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
0			0			0

SUBTOTAL of Allocated Federal and NonFederal Activity This Page					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	
0		0		0	
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
0		0		0	

2010-01-10 10:00:00 AM

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Manufacturers Assoc of Central NY Inc Federal PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration** VOTER REGISTRATION
Total Amount Transferred for Voter Registration..... 0
- ii) Voter ID** VOTER ID
Total Amount Transferred for Voter ID..... 0
- iii) GOTV** GOTV
Total Amount Transferred for GOTV..... 0
- iv) Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity..... 0

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration** VOTER REGISTRATION
Total Amount Transferred for Voter Registration..... 0
- ii) Voter ID** VOTER ID
Total Amount Transferred for Voter ID..... 0
- iii) GOTV** GOTV
Total Amount Transferred for GOTV..... 0
- iv) Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity..... 0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration)**..... 0
- TOTAL This Period (Voter ID)**..... 0
- TOTAL This Period (GOTV)**..... 0
- TOTAL This Period (Generic Campaign Activity)**..... 0
- TOTAL This Period (Total Amount of Transfers Received)**..... 0

2006-08-08 10:10:10 AM

**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)**

NAME OF COMMITTEE (In Full)
Manufacturers Assoc. of Central NY Inc. Federal PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration GOTV <input type="checkbox"/> Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date 0	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0		0	0

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration GOTV <input type="checkbox"/> Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date 0	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0		0	0

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration GOTV <input type="checkbox"/> Voter ID Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date 0	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0		0	0

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0		0	0
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
0		0	0
TOTAL This Period for the Levin Share			
		0	0

2010-01-10 10:00:00

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


NAME OF COMMITTEE (In Full)
Manufacturers Assoc of Central NY Inc Federal PAC
 NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0	0
(b) Unitemized	0	0
(c) Total	0	0
2. OTHER RECEIPTS	0	0
3. TOTAL RECEIPTS	0	0
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(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	0
6. TOTAL DISBURSEMENTS	0	0
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	0	0
(For Column B, use cash as of January 1st)		
8. RECEIPTS	0	0
(from Line 3)		
9. SUBTOTAL	0	0
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0	0
(From Line 6)		
11. ENDING CASH ON HAND	0	0
(Subtract Line 10 From Line 9)		

2010-01-10 10:01:00 AM 000000001

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
	Postmarked (R/C)
<input type="checkbox"/> USPS Registered/Certified	
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

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