		EPORT OF RE ND DISBURSE	MENTS	REC FEC MA 2016 AUG (Office Use Ont	EIVED IL CENTER 23 AM 8:22
1. NAME COMM	OF TY AITTEE (in full)		cample: If typing, type ver the lines.	12FE4M5	·
Manu	<u>ifacture</u>	rs Associat	ion of Ce	entral Neu	J York
Inc	Federal	PAC	<u></u>	<u> </u>	[
	(number and street)	57.88 Widewa	ters Park	(way:	<u></u>
	heck if different	9	<u></u>		······
re	eported. (ACC)	J		NY 13219] - [
2. FEC I	DENTIFICATION NUM		÷	STATE ZIP	
C'(053291	3 IS THIS REPOR	V	AMENDED (A)	
	E OF REPORT Se One)	(b) Monthly Feb 20 (M Report	2) May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election
•	uarterly Reports:	Due On: Mar 20 (M	3) Jun 20 (M6)	Sep 20 (M9)	Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15	Apr 20 (M4	l) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report (Q1) July 15	(C) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
	Quarterly Report (Q2) October 15 Quarterly Report (Q3)	: Report for the:	Convention (12C)	Special (12S)	
	January 31 Year-End Report (YE)	Floring on	M M D D	in the State	
X	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Report for the: Election on	M M + O G ,	in th Stat	
		01 2016	through O	30 201	
5. Coveri	ing Period () 4	01 2016	through O 🕼	30 201	6
		Report and to the best of my kn	-	ue, correct and complete.	
type or Pr	int Name of Treasurer	John F Ost			
Signature o	of Treasurer	47. Gr	•	Date 0816	2016
NOTE: Sub	mission of false, erroneou	us, or incomplete information may	subject the person signing t	his Report to the penalties of	2 U.S.C. §437g.
1	Office Use			FEC FC Rev. 1	
FE6AN026	Only		<u> </u>		L

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[- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE ECEIPTS AND DISBURSEMENTS	Page 2
Ň	rite or Type Committee Name Nanufacturers Assoc.	of Contral N	1 Inc. Federal PAC
R	eport Covering the Period: From:	ο α. / Υ.Υ.Υ.Υ.Υ.Υ. Τα	2.43 - 83 - 42 - Β - 6 ² - 43 - 9 - 9 - 9 9
		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	, 670.00	
	(c) Total Receipts (from Line 19)	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	:	s
 7.	Total Disbursements (from Line 31)	, 24.00	48.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	646.00	64600
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, OUD	0,00
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	0.00

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

	FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page 3
Ľ	rite or Type Committee Name	soc of Contral NY	Inc. Federal PAC
Re	aport Covering the Period: From:	το: Το:	66 M / D D Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Iternized (use Schedule A)		
	Loan Repayments Received Offsets To Operating Expenditures	, О	, , .)
17.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fun (a) Non-Federal Account (from Schedule H3)	, , Û , , Ĵ ds , , Ĵ	, , O , , O , . O
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	, D	, , <i>D</i>
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	, ., .O	0
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	, D	, , 0

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	Of Disburschiefits	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	, ,) O	, , , O
	 (ii) Non-Federal Share (b) Other Federal Operating Expenditures 	, , , <u>,</u> 0	$\dot{0}$
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	\wedge	$\tilde{\mathbf{A}}$
22.	Transfers to Affiliated/Other Party	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	, , O , , O	
24.	Independent Expenditures	Ð	
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	, , , O	
26.	Loan Repayments Made		, , Ó
27. 28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	, , .0 ,0	, , 0 , , 0
	(b) Political Party Committees	, , ()	
	(c) Other Political Committees	\sim	
	(such as PACs)	÷ • • • • • •	
	 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	, Ο	, , , <u>,</u>
29 .	Other Disbursements	, 2400	,4800
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity	,	
	(from Schedule H6) (i) Federal Share	· 0	\mathbf{O}
	()	, , .	, .0
	 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds 	ი , , , , , , , , , , , , , , , , , , ,	, <i>O</i> O
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	, , 0 , 0	, 0
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, 24.00	, 48.00
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	, 2400	48.00

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 5
HI.	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)	,	
34.	Total Contribution Refunds		(h)
95	(from Line 28(d))	, , · · · · · · · · · · · · · · · · · ·	, , , . ,
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, v	
36.	Total Federal Operating Expenditures	,	$\bigcup_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i$
	(add Line 21(a)(i) and Line 21(b))	, , 0	
37.	Offsets to Operating Expenditures		
	(from Line 15, page 3)	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
38.	Net Operating Expenditures	· · · · · · · · · · · · · · · · · · ·	\sim
	(subtract Line 37 from Line 36)	8 · · · · · · · · · · · · · · · · · · ·	·

SCHEDULE A (FEC Form 3	BX)	Use separate sch	adule(s)	FOR LINE NUMBER: PAGE OF (check only one)	
		for each category of the Detailed Summary Page		$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or use address of any politica	d by any per I committee I	son for the purpose of soliciting contributions to solicit contributions from such committee.	
Manufactures	Assoc.	of Cer	thal	NY Inc. Federal PAC	
Full Name (Last, First, Middle Initial) A. Mailing Address			<u>, , , ,</u>	Date of Receipt	
City	Slate	Zip Code			
FEC ID number of contributing federal political committee.	С		· · ·	Amount of Each Receipt this Period	
Name of Employer	Occupation)			
Receipt For: Primary General Other (specily) ▼	Aggregate	Year-to-Date ▼	. ()		
Full Name (Last, First, Middle Initial) B.	<u>-l.</u>			Date of Receipt	
Mailing Address				M to D to Y ¹ Y Y Y	
City	State	Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing tederal political committee.	С	1			
Name of Employer	Occupation	1			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	6		
Full Name (Last, First, Middle Initial)	<u>}</u>	<u></u>			
C. Mailing Address		· · · · · · · · · · · · · · · · · · ·		Date of Receipt	
City	State	Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		. <u>. </u>		
Name of Employer	Occupation	1			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	Ô.		
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	······			, O , O	

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SCHEDULE I	B (FEC Form		FOR LINE	NUMBER: PAGE OF
ITEMIZED DI	SBURSEMENT	TS Use separate schedule(s for each category of the Detailed Summary Page	121h	rone) 22 23 24 25 26 28a 28b 28c 29 30b
or for commercial p	ourposes, other than u			on for the purpose of soliciting contributions solicit contributions from such committee.
Manufac	MITTEE (In Full)	ssoc. of Centra		Enc. Federal PAC
A.	, First. Middle Initial)			Date of Disbursement
Mailing Address				
City		State Zip Code		
Purpose of Disb	ursement			Amount of Each Disbursement this Period
Candidate Name			Category/ Type	· · · · · · · · · · · · · · · · · · ·
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: Full Name (Last, B.	District: First, Middle Initial)			Date of Disbursement
Mailing Address		,,		Ma ha n D D Y Y C Y
City		State Zip Code		
Purpose of Disb	ursement			Amount of Each Disbursement this Period
Candidate Name			Category/ Type	, , O
Office Sought: State:	House Senate President District:	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last	, First, Middle Initial)			Date of Disbursement
Mailing Address				VI 10 22 U I Y I
City		State Zip Code		
Purpose of Disb	ursement			
Candidate Name	}		Category/ Type	Amount of Each Disbursement this Period
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify)	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
State: SUBTOTAL of Dis	Senate President District: bursements This Page	Primary General	Type	

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SCHEDULE C (FEC Form 3X)

LOANS	Use separate schedule(s) PAGE OF for each category of the
	Detailed Summary Page FOR LINE 13 OF FORM 3X
COAN SOURCE Full Name (Last, First, Middle Initial)	entral NY Inc. Federal PA
	Primary
Mailing Address	General Other (specify)
City State Z	IP Code
Original Amount of Loan Cumulative Payme	ent To Date . Balance Outstanding at Close of This Peri
	, O , , , O
TERMS Date Incurred Date	Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source	······································
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding: , , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed , Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	<u> </u>
SUBTOTALS This Period This Page (optional)	······································
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this li	ne. If no Schedule D, carry forward to appropriate line of Summary

1

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LI	ENDING INSTITUTION	Supplementary for Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		rage of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Mnufacturers Assoc. of Ce	ntral NY Inc Fel	PAC CO0532911
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		. 0
Mailing Address		a to a b b v y y y
	Date Incurred or Established	
City State Zip Code	Date Due	— — — — — — — — — — — — — — — — — — —
A. Has toan been restructured?	If yes, date originally incurre	ik na ar v v v v d
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	, .O
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates o stocks, accounts receivable, cash on deposit, or othe	f deposit, chattel papers,	What is the value of this collateral?
E. Are any future contributions or future receipts of inter	rest income, pledged as	What is the estimated value?
collateral for the loan? : No Yes If yes,	specify:	, , O
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
5 1° 7 0 0° 7° 7 7° 7	City, State, Zip:	
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loar		
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.	· · · · · · · · · · · · · · · · · · ·	
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ta are accurate as stated above. 		
 The loan was made on terms and conditions (ir similar extensions of credit to other borrowers of III. This institution is aware of the requirement that 	of comparable credit worthiness. a loan must be made on a basi	s which assures repayment, and has
complied with the requirements set torth at 11 (AUTHORIZED REPRESENTATIVE	CFR 100.82 and 100.142 in mak	ing this loan.
Typed Name		
	itle	

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SCHEDULE D (FEC Form 3X)	PAGE OF
	Use separate
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER: for each (check only one) 9
Excluding Loans	numbered line)
NAME OF COMMITTEE (In Full)	
Manufacturers Assoc. of Central NY Ir	nc. 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
	$)$ \bigcirc
3 3 3 3 3 3 3 3 3 3	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
O Attactive Delance Decision This Decision	
Outstanding Balance Beginning This Period	
O	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	\sim
)
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
C. The Marie (Last, This, Middle ministy of Debtor of Oregion	Mature of Debt (Pulpose).
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
\overline{O}^{α}	
· · · · · · · · · · · · · · · · · · ·	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
\mathcal{O}	
, ₁ , , , , , , , , , , , , , , , , , , ,	, , , . . .
	~
1) SUBTOTALS This Period This Page (optional)	····· ► · · · · · · · · · · · · · · · ·
2) TOTALS This Period (last page this line number only)	····· • • · · · · · · · · · · · · · · ·
2) TOTAL OUTSTANDING LOANS from Schodule C (lost page only)	\sim
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly)►

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ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FC NAME OF COMMITTEE (In Full) MAME OF COMMITTEE (In Full) MAME OF COMMITTEE (In Full) MAME OF COMMITTEE (In Full) MARCE OF Central NY Inc. Check if 24-hour notice Full Name (Last, First, Middle Initial) of Payee Mailing Address Mailing Address	
Manufactures Assoc. of Central NY Inc. CO05329 Check if 24-hour notice 48-hour notice Federal PAC CO05329 Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Date Mailing Address Amount	BER ¥
Check if 24-hour notice AB-hour notice Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount	<u> </u>
Check if 24-hour notice 48-hour notice Factorial PHC Full Name (Last, First, Middle Initial) of Payee Date 34400 fs y y Mailing Address Amount	• • •
Mailing Address Amount	V . V
Mailing Address Amount	
Amount	
City State Zip Code	Ō
Purpose of Expenditure Category/ Office Sought: House State: Type Senate District	
Type Senate District: Name of Federal Candidate Supported or Opposed by Expenditure: President	
Check One:	pose
Calendar Year-To-Date Per Election Disbursement For:	neral
for Office Sought , , Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date	2. v
Mailing Address	V Ý.
Amount	\sim
City State Zip Code	O°
Purpose of Expenditure Category/ Office Sought: House State:	
Type Senate District: Name of Federal Candidate Supported or Opposed by Expenditure: President	
	pose
Calendar Year-To-Date Per Election Ge	neral
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	O
(b) SUBTOTAL of Unitemized Independent Expenditures	\bigcirc
	-
(c) TOTAL Independent Expenditures	Ŭ.
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or or 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 p party committee) any political party committee or its agent.	
	I
Date	

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)			FOR LINE 25 OF FORM 3X			
AME OF COMMITTEE (IN FULL) Any Facturers Assoc of Contral NY Inc. Federal PAC				Check if 24-hour notice		
s your committee been designated to ma provinated expenditures by a political party YES NO		Full Name of Subordina				
YES, name the designating committee:		Malling Address				·
		City		Stat	e ZIP C	ode
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code		V M 10	0 ° 4 7	Y 1
Name of Federal Candidate Supported	Office Sough		tate; trict:	Amount		\sim
Aggregate General Election Expenditure for this Candidate ►		3	0		* ed Due to Opp S.C. §441a(i)/44	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code			e e se e e	· · · · · · · · · · · · · · · · · · ·
Name of Federal Candidate Supported	Office Sough		tate: trict:	Amount		0
Aggregate General Election Expenditure for this Candidate ►	· · ;	J . •	O	Limit Rais	; ed Due to Opp 5.C. §441a(i)/44	onent's Spend- 1a-1)
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Category/
Mailing Address				Date		Туре
City	State	Zip Code			n	· 、
Name of Federal Candidate Supported	Office Sough	··· _ }	tate:	Amount		0
Aggregate General Election Expenditure for this Candidate ►	9	· ·	O		, ed Due to Opp S.C. §441a(i)/44	
UBTOTAL of Expenditures This Page (op	tional)		····· Þ			. 0
OTAL This Period (last page this line num	nber only)				• _	Ō

PAGE

OF

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	۰ ٥
Nonfederal	· · · · · · · · · · · · · · · · · · ·
This ratio applies to (check all that apply):	

Generic Voter Drive Public Communications Referencing Party Only

Administrative

Janufacturers Assoc of Contral NY	Inc. Federal	PAC.
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA		
CTIVITIES APPEARING ON THIS REPORT.		
I. FUNDRAISING activities are allocated using the "funds received meth	od" where the federal or	nortion of
expenses must equal the federal proportion of monies raised.		
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 r are allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the a that refer to bot
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	. %	·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL
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:	- 'C	·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		NONFEDERAL
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	

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

	FOR LINE 18a OF FORM 3
Manufactures Assoc of Contral NY =	Inc. Federal PAC
NAME OF ACCOUNT DATE OF RECEIPT	
	$\bigcup_{i=1}^{n} (i, j) = (i, j) = (j, j) $
BREAKDOWN OF TRANSFER RECEIVED	\sim
i) Total Administrative	, , , , <u>.</u>
ii) Generic Voter Drive	0.
iii) Exempt Activities	
Iv) Direct Fundraising (List Activity or Event Identifier)	· · · · · · · · · · · · · · · · · · ·
a),,) ·
b)	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a)) .
b), , .C	
c) Total Amount Transferred For Direct Candidate Support	, , O
vi) Public Communications Referring Only to Party (Made by PAC)	\bigcirc
TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)	, .()
TOTAL This Period (Generic Voter Drive)	, · · O
TOTAL This Period (Exempt Activities)	· O
TOTAL This Period (Direct Fundralsing)	, , . U
TOTAL This Period (Direct Candidate Support)	, , , (O
TOTAL This Period (Public Communications Referring Only to Party)	\mathbf{O}
TOTAL This Period (Total Amount Transferred)	$\mathbf{U}_{\mathbf{U}}$

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

PAGE

OF

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY		PAGE OF FOR LINE 21a OF FORM 3
NAME OF COMMITTEE (IN Full) Manufacturers Assoc of Centra A. Full Name (Lasi, First, Middle Initial)	I NY Inc.	Federal PAC
Mailing Address		Administrative Fundraising Exempt
City State Zi	p 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	13 53 4 B 0 1 7 7 7 7 Date
FEDERAL SHARE + NONF	EDERAL SHARE	= TOTAL AMOUNT
, , .Ô ,	, Ó	, , O
B. Full Name (Last, First, Middle Initial)	···	Allocated Activity or Event:
Mailing Address		Administrative Fundraising Exempt
City State Zi	p Code	Public Comm (ref to party only) by PAC
Purpose of Disbursement:	· · · ·	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:	Category/	
	Туре	Date
FEDERAL SHARE + NONF		
· · · · · · · · · · · · · · · · · · ·	, . <u> </u>	, , , <u>,</u> <u>,</u>
C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
Mailing Address		Voter Drive Direct Candidate Support
City State Zig	p 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	, ,
FEDERAL SHARE + NONF	EDERAL SHARE	
SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONF , TOTAL This Period (last page for each line only)(Federal share to 21	EDERAL SHARE , O	= TOTAL AMOUNT , , .

FEC Schedule H4 (Form 3X) Rev. 12/2004

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SCHEDULE H5 (FEC Form 3X)		
TRANSFERS OF LEVIN FUNDS F	RECEIVED FOR	
ALLOCATED FEDERAL ELECTIO		PAGE OF
(To be used by State, District and Loca	il Party Committees Only)	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	-	······
Manufacturers Assoc	of Contral NY	The Federal PAC.
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	. 12 12 0 0 0 V V V V	
		1 3 *
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vote	r Registration	$\mathcal{O}_{\mathcal{O}}$
		OTER ID
ii) Voter ID Total Amount Transferred for Vote	r ID	\bigcap
	1	,
iii) GOTV		GOTV
Total Amount Transferred for GOT	V	,
iv) Generic Campaign Activity		
	erlc Campaign Activity	
		, ,
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	El 20 7 b Ó V Y Y Y	\bigcirc
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vote	r Registration,	. 🔿
ii) Voter ID	Ň	OTER ID
Total Amount Transferred for Vote	r ID	\square
	. 3	GOTV
iii) GOTV	- /	
Total Amount Transferred for GOT	V	, , , , , , , , , , , , , , , , , , , ,
iv) Generic Campalgn Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gen	eric Campaign Activity	, , , , , , , , , , , , , , , , , , , ,
TOTALS FOR BI	REAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
		\sim
TOTAL This Period (Voter Registration)	. 5- 3	
TOTAL This Period (Voter ID)	·	$, \qquad \bigcup_{i=1}^{n}$
TOTAL This Period (GOTV)		\sim
	······	\rightarrow \rightarrow \rightarrow \bigcirc
TOTAL This Perind (Generic Campaign	Activity)	
	· · · · ·	
TOTAL This Period (Total Amount of Tra	nsfers Received)	\sim
1		

FEC Schedule H5 (Form 3X) Rev. 02/2003

SCHEDUL	E H6 (FEC	Form 3X)		
DISBURSE	ements of	FEDERAL	AND LEVIN	FUNDS
FOR ALLC	CATED FE	DERAL ELE	CTION ACTI	VITY
(To be used	by State, Dis	trict and Local	Party Commi	ttees Only

To be used by State, District and Local Party Committees Only)				FOR LINE 30a OF FORM 3X	
AME OF COMMITTEE (IN Full) Manufactures Assoc. of	Contra	INY	Inc. Fe	deral	PAC
A. Full Name (Last, First, Middle Initial) / Full Organization	n Name		Type of Allocated	ation	GOTV Ieric Campaign
Mailing Address	<u> </u>		Allocated Activ	vity or Event Yea	r-To-Date
City State Zip	Code		· 5	3	. <u> </u>
Purpose of Disbursement		Category/ Type	Date	12 3 5 5 	1 1 4
FEDERAL SHARE +	LEVIN SHA	ARE	= ;	TOTAL AMOUNT	
B. Full Name (Last, First, Middle Initial) / Full Organization	n Name		Type of Allocated Voter Registr Voter ID	ation	GOTV neric Campaign
Mailing Address			Allocated Acti	vity or Event Yea	r-To-Date
City State Zip	Code		5	ج	<u> </u>
Purpose of Disbursement		Category/ Type	Date	' à é . 7	, y š
FEDERAL SHARE +	LEVIN SHA	ARE)	TOTAL AMOUNT	\bigcirc
C. Full Name (Last, First, Middle Initial) / Full Organizatio	n Name		Type of Allocated Voter Registr Voter ID	ation	: GOTV neric Campaign
Mailing Address			Allocated Act	ivity or Event Yea	ar-To-Date
City State Zip	Code		,	3	e
Purpose of Disbursement		Catagory	1 1 14	6 in 1	. ¹ ¥ N

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OF

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Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, , , <u>,</u>
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, , , , , , , , , , , , , , , , , , ,
Purpose of Disbursement Category/ Type	E 12 B W K L W K Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE) 30(a)(ii)) TOTAL AMOUNT
, , , LEVIN SHARE	, ()
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) anufacturers Assoc	of Contral NY Ir	nc Federal PAC
NAM	E OF ACCOUNT	• • • • • • • • • • • • • • • • • • •	
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	(a) Itemized	, , 0	, , ,
	(b) Unitemized	, , O	, .)
	(c) Total	, , , . . U	, , , , , , , , , , , , , , , , , , ,
2.	OTHER RECEIPTS	, , .0	, , <i>O</i>
3.	TOTAL RECEIPTS (Add Lines 1c and 2)	, 0	· · · · O
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	, , .0	, , <u>O</u>
	(b) Voter ID	G. , .	, , O
	(c) GOTV	, , 0	Ô
	(d) Generic Campaign		, , .0
	(e) Total	, , <u>)</u>	, , .
5.	OTHER DISBURSEMENTS	, 0	, , <u>O</u>
6.	TOTAL DISBURSEMENTS	, <u>,</u> .)	<u> </u>
7.	BEGINNING CASH ON HAND	, ()	· ,
8.	RECEIPTS	0	, 0
9 .	SUBTOTAL	, , <u>O</u>	, , <i>O</i>
10.	DISBURSEMENTS	∂	, , O
11.	ENDING CASH ON HAND	\mathcal{O}	, , , , , , 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)1a2
Any information copied from such Reports and Statements may not		
or for commercial purposes, other than using the name and address	s or any political committee to	Survey contributions from such committee.
NAME OF COMMITTEE (In Full)	\	
Manufacturers Assoc. of (entral NY	Inc. Federal PAC
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Α.		M W / O' O' Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
Site State	2.10 CODE	
Name of Employer or Principal Place of Business		Accurate Manual Date
Occupation		Aggregate Year-to-Date
		, , , , O
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.		Милиров У У У
Mailing Address		•
		Amount of Each Receipt this Period
City State	Zip Code	\sim
Name of Employer or Principal Place of Business		
Choungtion		Aggregate Year-to-Date
Occupation		,
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
С.		
Mailing Address		
• • • • • • • • • • • • • • • • • • •		Amount of Each Receipt this Period
City 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
D.		
Mailing Address		
··········	+	Amount of Each Receipt this Period
City State	Zip Code	
Name of Employer or Principal Place of Business		· · · · O
		Aggregate Year-to-Date
Occupation		\sim
P	l	, , .
SUBTOTAL of Receipts This Page (optional)	_	\bigcirc
	P	
TOTAL This Period (last page this line number only)	••••••••••••••••	, , <i>O</i>

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SCHEDULE L-B (FEC Form 3X)	ſ	FOR LINE NUMBER PAGE OF
ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d 4d 5
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Manufactures Assoc of (
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
Mailing Address		$40 + f_0 \rightarrow -0$ D $f = V - V - V$
-		· · · · · · · · · · · · · · · · · · ·
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	····	, , , <u>O</u>
Full Name (Last, First, Middle Initial) / Full Organization Name		
В.		Date of Disbursement
Mailing Address		₩ ₩ ¥ 0 G ¥ ¥ ¥ ¥
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .Ò
Full Name (Loss First Middle Leikel) / Full Occorrigation Name		
Full Name (Last, First, Middle Initial) / Full Organization Name C.	3	Date of Disbursement
Mailing Address		0 · 9 · 7 · 0 · 9 · 7 · 7 · 7 · 5
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
		, ,
Full Name (Last, First, Middle Initial) / Full Organization Name D.	9	Date of Disbursement
		16 65 [°] V V V V
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		$, \ldots , \ldots , O$
Full Name (Last, First, Middle Initial) / Full Organization Name	3	
Ε.		Date of Disbursement
Mailing Address		tî bû rî bi zir yi zi
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		$\sum_{i=1}^{n}$
SUBTOTAL of Disbursements This Page (optional)	•	, , Õ
TOTAL This Period (last page this line number only)	•	



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked	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 Busine	ess 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 of Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	8/23/16 DATE PREPARED

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