

**REPORT OF COMMUNICATION COSTS  
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

<p>1. (a) NAME OF ORGANIZATION <b>New York State Public Employers Federation</b></p> <p>(b) ADDRESS (Number and Street) <b>PO Box 12414</b></p> <p>(c) CITY, STATE AND ZIP CODE <b>Albany, NY 12212-2414</b></p>	<p>2. IDENTIFICATION NUMBER (Assigned by FEC) <b>C70001359</b></p> <p>3. TYPE OF ORGANIZATION (Check Appropriate Box)</p> <p><input type="checkbox"/> Corporation <span style="margin-left: 100px;"><input type="checkbox"/> Trade Association</span></p> <p><input checked="" type="checkbox"/> Labor Organization <span style="margin-left: 100px;"><input type="checkbox"/> Cooperative</span></p> <p><input type="checkbox"/> Membership Organization <span style="margin-left: 100px;"><input type="checkbox"/> Corporation without capital stock</span></p>
<p>4. TYPE OF REPORT (Check One):</p> <p>(a) <input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report</p> <p><input type="checkbox"/> 2 Day Pre-General Election Report held on _____ in the State of _____</p> <p><input type="checkbox"/> January 31 Year End Report</p> <p>(b) Is this Report an Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	
<p>5. THIS REPORT COVERS THE PERIOD <b>04/01/04</b> THROUGH <b>06/30/04</b></p>	

**SUMMARY OF COMMUNICATION COSTS**

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members		<b>NO ACTIVITY TO REPORT</b>			RECEIVED FEDERAL ELECTION COMMISSION OPERATIONS CENTER JUN 20 9 41 AM '04
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members		<b>NO ACTIVITY TO REPORT</b>			

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 0

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

**JANE HALLUM**  
Type or Print Name

*Jane Hallum*  
Signature and Title of Person Designated to Sign This Report

**7-13-04**  
Date


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

**WHERE TO FILE:**  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**FOR FURTHER INFORMATION CONTACT:**  
Federal Election Commission  
Toll Free: 800-424-9530  
Local: 202-694-1100

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/14/04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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	7/27/04 DATE PREPARED