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2013 AUG 19 AM 11:50
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August 14, 2013

Christopher Whyrick
Senior Campaign Finance Analyst
Federal Election Commission
999 E. Street, NW
Washington, DC 20463

RE: Year End Report FEC Form 5 (1/1/12-12/31/12) (ID # C90014275)

Dear Mr Whyrick,

In response to your letter of July 15, 2013 regarding our annual filing of the Form 5 report. In your letter you note that you do not see the Form 4 filing for the report of 10/26/13. I have attached a copy of that filing. The normal filing date is the date noted on the form, 10/26/13. As you noted, it is included in our annual report. I'm not sure why it did not reach your offices. We normally send reports to you through the US mail. It sounds like it did not reach you and for that I apologize. When we spoke on the phone you asked if we received any funds designated for this race. We did not. Please let me know if there is anything further I need to do to resolve this matter.

Sincerely,

Anthony Lloyd
Finance Director

Statewide Office - 94 Central Avenue, Albany, NY 12206 - 518.465.4600 - www.citizenactionny.org

- 40 Worth Street, Suite 802, New York, NY 10013 - 212.523.0180
- 2013 E. Genesee Street, Syracuse, NY 13210 - 315.435.2480
- 435 State Street, Binghamton, NY 13901 - 607.723.0110
- 167 Flanders Street, Rochester, NY 14619 - 585.325.2560
- 739 Main Street, Buffalo, NY 14203 - 716.855.1522
- 90 Pennsylvania Avenue, Massapequa, NY 11758 - 516.541.1006





FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

July 15, 2013

CITIZEN ACTION OF NEW YORK, INC.
94 CENTRAL AVENUE
ALBANY, NY 12206

IDENTIFICATION NUMBER: C90014275

Response Due Date

08/19/2013

REFERENCE: YEAR-END REPORT (01/01/2012 - 12/31/2012)

Dear Filer:

This letter is prompted by the Commission's preliminary review of the Report of Independent Expenditures Made and Contributions Received (FEC Form 5) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 2 item(s):

1. Your quarterly report discloses an independent expenditure to Nexus Management Corp. for Support Candidate on 10/26/12. This expenditure does not appear on 24/48-hour reports.

Please be advised that Commission regulations require that you file 48-hour reports once you make independent expenditures aggregating \$10,000 or more with respect to a given election during the calendar year up to and including the 20th day before the election. The report must be received at the Commission 11:59 p.m. Eastern Standard/Daylight Time by the second day after the communication was publicly distributed or otherwise disseminated. In the report, you must include information for all independent expenditures that have not been previously reported. Each time you make subsequent independent expenditures relating to the same election that aggregate \$10,000 or more, you must file another 48-hour report disclosing these independent expenditures. (11 CFR § 109.10(c) and (e))

In addition, you are required to file 24-hour reports once your independent expenditures aggregate \$1,000 or more after the 20th day but more than 24 hours before 12:01 a.m. of the day of the election. The report must be received at the Commission by 11:59 p.m. Eastern Standard/Daylight Time of the day following the date on which the communication was publicly distributed or otherwise disseminated. In the report, you must include information for all

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independent expenditures that have not been previously reported. Each time you make subsequent independent expenditures relating to the same election that aggregate \$1,000 or more, you must file another 24-hour report disclosing these independent expenditures. (11 CFR § 109.10(d) and (e))

Please provide clarification regarding whether a 24/48-hour report was required but not filed. If the date disclosed on your Form 5 was the date of payment, rather than the date of public dissemination or distribution, please provide the date of dissemination or distribution.

2. Line 7 of your FEC Form 5 filing discloses disbursements made for independent expenditures. However, no contributions are disclosed on Line 6, "Total Contributions." Each contributor who made a donation in excess of \$200 to further the independent expenditures must be itemized on Schedule 5-A, including their identification information. Please amend your report to provide the missing information. (11 CFR §§ 109.10(e)(1)(vi) and 114.10(f))

Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered. Failure to comply with the provisions of the Act may result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1161.

Sincerely,



Christopher Whyrick
Senior Campaign Finance Analyst
Reports Analysis Division

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED
2013 AUG 13 AM 11:50
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <i>Citizen Action of New York</i>		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>94 Central Ave</i>		
(c) City, State and ZIP Code <i>Albany, NY 12206</i>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM *10 10 2012* THROUGH *10 26 2012*

6. TOTAL CONTRIBUTIONS *00*

7. TOTAL INDEPENDENT EXPENDITURES *12859*

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: *Anthony Lloyd Fhorne Director*

SIGNATURE: *Anthony Lloyd Fhorne*

DATE: *10/26/12*

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional)

Amount

TOTAL This Period (last page carry total to Line 6)

Amount

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Citizen Action of New York

Full Name (Last, First, Middle Initial) of Payee <i>Nexus Management Corp</i>		Date <i>10 26 2012</i>
Mailing Address <i>94 Central Ave</i>		Amount <i>12,859</i>
City <i>Albany</i>	State <i>NY</i>	
Zip Code <i>12206</i>		
Purpose of Expenditure <i>Staff Salaries + Dialer Rental</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>NY</i> District: <i>25</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Dan Maffei</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>12,859</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>12,859</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>12,859</i>

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
8/14/13

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business 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

Other (Specify): Date of Receipt or Postmarked


PREPARER

8/19/13
DATE PREPARED

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