



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RECEIVED

2013 FEB -6 AM 9:40

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FEC MAIL CENTER

January 23, 2013

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

IDENTIFICATION NUMBER: C90014275

**Response Due Date**

**02/27/2013**

REFERENCE: 48-HOUR REPORT (11/01/2012 - 11/07/2012), RECEIVED  
11/15/2012

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 1 item(s):

- On Schedule 5-E of this report, you have not itemized all of the necessary independent expenditure information. Proper disclosure requires the full name and address of the payee, the date, the amount, the aggregate calendar-year-to-date total, the purpose, the election, and the name, office sought, state, and district of the federal candidate supported or opposed by the expenditure. Please amend your report to include the state and district of the federal candidate supported or opposed. (11 CFR § 109.10(e)(1))

**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) 694-1130.

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CITIZEN ACTION OF NEW YORK INC

Page 2 of 2

Sincerely,



Michelle Grant  
Senior Campaign Finance Analyst  
Reports Analysis Division

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*Amended.*

RECEIVED

**FEC FORM 5**

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

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

FEC MAIL CENTER

|   |   |  |
|---|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><i>Citizen Action of New York, Inc</i>                              |   | 3. FEC Identification Number<br><br><b>C</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><i>94 Central Ave</i> |   |  |
| (c) City, State and ZIP Code<br><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 *11 01 2012*  
THROUGH *11 07 2012*

6. TOTAL CONTRIBUTIONS ..... *00*

7. TOTAL INDEPENDENT EXPENDITURES ..... *18,663*

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 | SIGNATURE            | DATE           |
| <i>Anthony Lloyd, Finance Director</i>       | <i>Anthony Lloyd</i> | <i>11/9/12</i> |

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 800-427-9530, Local 202-694-1100

*Anthony Lloyd - 1-29-13*

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**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

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)

|  |                |   |
|--|----------------|---|
| <b>A. Full Name (Last, First, Middle Initial)</b>          |                | <b>Date of Receipt</b>                    |
| Mailing Address  |                |   |
| City   | State Zip Code |   |
| FEC ID number of contributing federal political committee. |                | <b>Amount of Each Receipt this Period</b> |
| Name of Employer   | Occupation     |   |

|  |                |   |
|--|----------------|---|
| <b>B. Full Name (Last, First, Middle Initial)</b>          |                | <b>Date of Receipt</b>                    |
| Mailing Address  |                |   |
| City   | State Zip Code |   |
| FEC ID number of contributing federal political committee. |                | <b>Amount of Each Receipt this Period</b> |
| Name of Employer   | Occupation     |   |

|  |                |   |
|--|----------------|---|
| <b>C. Full Name (Last, First, Middle Initial)</b>          |                | <b>Date of Receipt</b>                    |
| Mailing Address  |                |   |
| City   | State Zip Code |   |
| FEC ID number of contributing federal political committee. |                | <b>Amount of Each Receipt this Period</b> |
| Name of Employer   | Occupation     |   |

|  |                |   |
|--|----------------|---|
| <b>D. Full Name (Last, First, Middle Initial)</b>          |                | <b>Date of Receipt</b>                    |
| Mailing Address  |                |   |
| City   | State Zip Code |   |
| FEC ID number of contributing federal political committee. |                | <b>Amount of Each Receipt this Period</b> |
| Name of Employer   | Occupation     |   |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ |
| <b>TOTAL</b> This Period (last page carry total to Line 6) ..... | ▶ |

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

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

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><i>Nexus Management Corp</i>       |                    | Date<br><i>11 07 2012</i>  |
| Mailing Address<br><i>98 Central Ave</i>   |                    | Amount<br><i>18663</i>   |
| City<br><i>Albany</i>  | State<br><i>NY</i> |  |
| Zip Code<br><i>12206</i>   |                    |  |
| Purpose of Expenditure<br><i>Support Candidate</i>                                     | Category/Type      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <i>NY</i><br>District: <i>24</i> |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><i>Daniel Maffei</i> |                    | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><i>33243</i>                   |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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<br>State: _____<br>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<br><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<br>State: _____<br>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<br><input type="checkbox"/> Other (specify)                     |

|   |   |              |
|---|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | ▶ |              |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  | ▶ | <i>18663</i> |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ | <i>18663</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  
1/29/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail 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

*ADD*  
PREPARER

2/6/13  
DATE PREPARED

(3/2005)

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