

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

RECEIVED
FEC MAIL CENTER
C 2008 JUL 9 11 35 9 AM '08

1. (a) NAME OF ORGANIZATION
New York State Public Employers Federation - COPE

(b) ADDRESS (Number and Street)
PO Box 12414

(c) CITY, STATE AND ZIP CODE
Albany, NY 12212-2414

2. IDENTIFICATION NUMBER (Assigned by FEC)
C 2008 JUL 9 11 35 9 AM '08

3. TYPE OF ORGANIZATION (Check Appropriate Box)

Corporation Trade Association
 Labor Organization Cooperative
 Membership Organization Corporation without capital stock

4. TYPE OF REPORT (Check One):

(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report

12 Day Pre-General Election Report held on _____ (date) in the State of _____

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD **04/01/08** THROUGH **06/30/08**

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"/> Executive/Administrative Personnel					
<input type="checkbox"/> Telephone	<input type="checkbox"/> Stockholders					
<input type="checkbox"/> Telegram	<input type="checkbox"/> Members					
<input type="checkbox"/> Other: (Specify)						
No Activity						
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Executive/Administrative Personnel					
<input type="checkbox"/> Telephone	<input type="checkbox"/> Stockholders					
<input type="checkbox"/> Telegram	<input type="checkbox"/> Members					
<input type="checkbox"/> Other: (Specify)						

(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.

Arlea Igoe Type or Print Name **Arlea Igoe** Signature and Title of Person Designated to Sign This Report **7/14/08** 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

28039793441

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)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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

EA

PREPARER
(3/2005)

7/21/08

DATE PREPARED

28039793442