

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

RECEIVED

1. (a) NAME OF ORGANIZATION
New York State Public Employees Federation

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

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

2. IDENTIFICATION NUMBER (Assigned by FEC)
2012-1111-1055-10-26

3. TYPE OF ORGANIZATION (Check Appropriate Box)
 Corporation
 Labor Organization
 Membership Organization
 Trade Association
 Cooperative
 Corporation without capital stock

4. TYPE OF REPORT (Check One):
 April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 12 Day Pre-General Election Report held on _____ in the State of _____
 January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD **7/1/12** THROUGH **6/30/12**

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 checked="" type="checkbox"/> Direct Mail	<input type="checkbox"/> Executive/Administrative Personnel	6/14/12 6/19/12	X X		For HaKeem Jeffries (Primary, CD-8) NY	\$ 300.00
<input type="checkbox"/> Telephone	<input type="checkbox"/> Stockholders					
<input type="checkbox"/> Telegram	<input checked="" type="checkbox"/> Members	6/14/12 6/19/12	X X		For Rory Laneman (Primary, CD-6NY)	\$ 300.00
<input type="checkbox"/> Other: _____ (Specify)	<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 \$ 600.00

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

Arba Igoo
Type or Print Name

Signature and Title of Person Designated to Sign This Report

7/13/12
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

12030842491

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.

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

[Signature]
PREPARER

7/16/12
DATE PREPARED

(3/2005)

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