

# 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  
2012 NOV 15 AM 11:36  
FEDERAL MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <i>Citizen Action of New York, Inc</i>		3. FEC Identification Number  <b>C</b>
(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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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*

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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 800-424-9530, Local 202-694-1100

**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)

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

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

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

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

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <i>Nexus Management Corp</i>		Date <i>11 07 2012</i>
Mailing Address <i>98 Central Ave</i>		Amount <i>18,663.</i>
City <i>Albany</i>	State <i>NY</i>	
Zip Code <i>12206</i>		
Purpose of Expenditure <i>Support Candidate</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Daniel Maffei</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>33243</i>		Disbursement For: <input 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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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>18,663</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<i>18,663</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<i>18,663</i>

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)

USPS Priority Mail

Postmarked  
11/9/2012

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

JB

11/15/2012

PREPARER

DATE PREPARED

(3/2005)