

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 FEB -5 AM 11:48

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 *01 01 2012*
THROUGH
12 31 2012

6. TOTAL CONTRIBUTIONS *00*

7. TOTAL INDEPENDENT EXPENDITURES *46,102*

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</i>	<i>1/31/13</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)

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

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

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

SUBTOTAL of Receipts This Page (optional)	▶	\$		
TOTAL 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

Full Name (Last, First, Middle Initial) of Payee <i>Nexus Management Corp</i>		Date <i>10 31 2012</i>
Mailing Address <i>94 Central Ave</i>		Amount <i>14,580 -</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: <i>NY</i> <input type="checkbox"/> Senate District: <i>24</i> <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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

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>Support Candidate</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <i>NY</i> <input type="checkbox"/> Senate District: <i>24</i> <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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Nexus Management Corp</i>		Date <i>11 07 2012</i>
Mailing Address <i>94 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: <i>NY</i> <input type="checkbox"/> Senate District: <i>24</i> <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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>46,102 -</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>46,102 -</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.

<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) 1/31/13
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input 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

JB
PREPARER
(3/2005)

2/15/13
DATE PREPARED