RECEIVED

## 2011 DEC -9 AM 10: 22

## STATEMENT OF

FEC FORM 1		ORG	ANIZ	ATIO	N		FEC MA	IL CENTE
NAME OF COMMITTEE (in	ı full)	(Check is chan	if name		ple:If typing, type he tines.	12FE4M	5	
New York S	State /	Associatio	n for A	fforda	able Hous	ing PAC	(NYSAFA	H PAC)
			<u>                                     </u>					
ADDRESS (number a	nd street)			لـلــــــــــــــــــــــــــــــــــــ		<del></del>	1.1.1.1.1.	ليبيب
(Check if ac	idress					1	<u> </u>	لسسيا
is changed)			<del> </del>			لـــا ا		J- <u>L</u>
		•	(	CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provid	e only one e-	mail addr	ess)			
(Check if is changed	d) PAGE ADI address	DRESS (URL)						
2. DATE	м / О	0 - 2 Y - Y - Y	v	11.13		ţ	•	
B. FEC IDENTIFIC	ation nu	IMBER	c 00	5021	95			
I. IS THIS STATEM	IENT	NEW (N)	OR	$\boxtimes$	AMENDED (A)			
certify that I have ex	camined thi	s Statement and	to the best of	of my kno	wledge and belie	f it is true, correc	t and complete.	,
ype or Print Name o	f Treasurer	Frank	J. Anel	ante,	Jr.		www	<del></del>
Signature of Treasure		mauly our incomplete	Quel	/	t the person signin	Date 11	17	2011
						WITHIN 10 DAYS		
Office Use	2			Fe To	r further information deral Election Commi Il Free 800-424-9530		FEC FO (Revised 02	

	FEC F	orm 1 (Revised 02/2009)	Page 2							
		COMMITTEE								
C	andidat	e Committee:								
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)								
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
Name of Candidate										
	ındidatə ırty Affilia	Office Sought: House Senate President	State  District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	me of ndidate									
Pε	irty Coi	nmittee:								
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.							
Po	litical A	Action Committee (PAC):	***************************************							
(e)	$\boxtimes$	This committee is a separate segregated fund. (Identify cennected organization on line 6.) Its conn	ected organization is a:							
` '	نت .									
		Corporation Corporation w/o Capital Stock	Labor Organization							
		Membership Organization X Trade Asceolation	Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party							
		In addition, this committee is a Lebbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Jol	nt Fund	Iralsing Representative:								
(9)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political							
	Com	mittees Participating in Joint Fundraiser								
	1.	FEC ID number C								
	2.	FEC ID number C								
	3.	FEC ID number C								
	4.		·							

			'						
FEC Form 1 (Revise			Page 3						
Write or Type Committee Na									
New York State Association for Affordable Housing PAC (NYSAFAH PAC)									
6. Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Representati	ve, or Leadership PAC Sponder						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	111111111						
Mailing Address									
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	CITY	STATE	ZIP CODE						
Relationship: Connect	ed Organization Affiliated Committee	Joint Fundraising Represen	ntative Leadership PAC Sponsor						
7. Custodian of Records: Ide	entify by name, address (phone number	optional) and position of the	person in possession of committee						
Full Name									
Malling Address									
Mailing Address			· · · · · · · · · · · · · · · · · · ·						
	1		· · · · · · · · · · · · · · · · · · ·						
Title or Position	CITY	STATE	ZIP CODE						
		Telephone number							
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the committee	e; and the name and address of						
Full Name of Treasurer									
Mailing Address			<del> </del>						
		<u> </u>							
	CITY	STATE	ZIP CODE						
Title or Position	i		11 11 1						
		Telephone number							

(3/2005)

## **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. **Date of Receipt** Hand Delivered Postmarked, **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify): PREPARER DATE PREPARED