

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NICK FOR NEW YORK INC

ADDRESS (number and street) 323 EAST 93RD STREET SUITE 4W

Check if different than previously reported. (ACC)

NEW YORK

NY

10128

2. FEC IDENTIFICATION NUMBER ▼

C C00556290

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NY

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Joseph P Shippee

Signature of Treasurer Joseph P Shippee

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NICK FOR NEW YORK INC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11260.00	11260.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11260.00	11260.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9010.77	9010.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	5.49	5.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9005.28	9005.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2254.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3476.92	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

NICK FOR NEW YORK INC

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9325.00	9325.00
(ii) Unitemized.....	1835.00	1835.00
(iii) TOTAL of contributions from individuals ▶	11160.00	11160.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	100.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11260.00	11260.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	5.49	5.49
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11265.49	11265.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9010.77	9010.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9010.77	9010.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11265.49
25. SUBTOTAL (add Line 23 and Line 24).....	11265.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9010.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2254.72

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
Mr. Craig W Bruney

Mailing Address 440 Terry Ave

City State Zip Code
Seattle WA 98109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Amazon.com Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Richard M. Cashin

Mailing Address 10 Gracie Square
Apt 8G

City State Zip Code
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Info requested Info requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

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

Mailing Address Info requested

City State Zip Code
Info requested

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Info requested Info requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
500.00

Campaign donation - primary

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4117

Online donation

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4113

Online donation

Form/Schedule: SA11AI

Transaction ID: SA11AI.4123

Online donation

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

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

Mailing Address 235 East 42nd Street

City NY State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer PFE Occupation Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
 114.00

Zazzle - Palm cards
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
 39.95

Zazzle - Black membership
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4115

Online donation

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
190.95

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
37.00

USPS - PO Box

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.95

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period
95.00

Zazzle - Palm cards

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
380.95

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period
95.00

Zazzle - Palm cards

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 43

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
 410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 547.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
 166.95
 Zazzle - Palm cards

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
 410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 573.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
 25.21
 Advertising - Facebook

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Joseph P Shippee

Mailing Address 35 River Drive South
 410

City Jersey City State NJ Zip Code 07310

FEC ID number of contributing federal political committee. **C**

Name of Employer Nick for New York Occupation Campaign Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 633.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
 59.97
 Godaddy - Express Email Marketing

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

Full Name (Last, First, Middle Initial) A. Joseph P Shippee		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2014	
Mailing Address 35 River Drive South 410		Transaction ID : SA11AI.4294	
City Jersey City State NJ Zip Code 07310	Amount of Each Receipt this Period 175.00 Zazzle - Palm cards		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Nick for New York Occupation Campaign Manager	Election Cycle-to-Date 808.08		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Joseph P Shippee		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 35 River Drive South 410		Transaction ID : SA11AI.4301	
City Jersey City State NJ Zip Code 07310	Amount of Each Receipt this Period 50.60 Advertising - Facebook		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Nick for New York Occupation Campaign Manager	Election Cycle-to-Date 858.68		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Joseph P Shippee		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 35 River Drive South 410		Transaction ID : SA11AI.4300	
City Jersey City State NJ Zip Code 07310	Amount of Each Receipt this Period 121.71 Fundraiser - beverages		
FEC ID number of contributing federal political committee. C	[MEMO ITEM]		
Name of Employer Nick for New York Occupation Campaign Manager	Election Cycle-to-Date 980.39		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
Kathleen R Shippee

Mailing Address 171 Pickpocket Road

City State Zip Code
Brentwood NH 03833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
2600.00

Campaign contribution - primary

B. Full Name (Last, First, Middle Initial)
Thomas P Shippee

Mailing Address 171 Pickpocket Road

City State Zip Code
Brentwood NH 03833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
2600.00

Campaign contribution - primary

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

9325.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 26.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11D.4278

Amount of Each Receipt this Period
 _____ 26.00

Transportation - Jan DC trip

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 36.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11D.4334

Amount of Each Receipt this Period
 _____ 10.00

Washington Metropolitan Area Transit Authority

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 66.71

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : SA11D.4251

Amount of Each Receipt this Period
 _____ 30.71

Godaddy - Domain registration 1

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 79.88

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : SA11D.4252

Amount of Each Receipt this Period
 _____ 13.17

Godaddy - Domain registration 2

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 97.88

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : SA11D.4279

Amount of Each Receipt this Period
 _____ 18.00

Transportation - Jan DC trip

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 435.88

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 26 / 2014

Transaction ID : SA11D.4249

Amount of Each Receipt this Period
 _____ 338.00

99designs - logo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 443.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11D.4338

Amount of Each Receipt this Period
 _____ 7.24

Office expenses - Fax
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 793.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11D.4239

Amount of Each Receipt this Period
 _____ 350.00

Web site design and maintenance
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 800.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11D.4339

Amount of Each Receipt this Period
 _____ 6.96

Office expenses - Fax
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 955.08

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11D.4240

Amount of Each Receipt this Period
 _____ 155.00

NY State Dept of State - Filing Certificate of Incorporation

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1039.08

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11D.4257

Amount of Each Receipt this Period
 _____ 84.00

Transportation - Amtrak DC trip

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1059.08

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11D.4262

Amount of Each Receipt this Period
 _____ 20.00

Transportation - Peter Pan DC trip

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1066.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11D.4273

Amount of Each Receipt this Period
 _____ 7.74

Transportation - Taxi fare DC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1076.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11D.4336

Amount of Each Receipt this Period
 _____ 9.55

Transportation - DC Taxi

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1093.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11D.4337

Amount of Each Receipt this Period
 _____ 16.92

Transportation - DC Taxi

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1104.54

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11D.4274

Amount of Each Receipt this Period
11.25

Transportation - Taxi fare DC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1904.54

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11D.4277

Amount of Each Receipt this Period
800.00

Photography for media materials

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2004.54

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11D.4261

Amount of Each Receipt this Period
100.00

Contribution to open account

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2056.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11D.4241

Amount of Each Receipt this Period
 _____ 51.78

Zazzle - Business cards

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2091.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11D.4242

Amount of Each Receipt this Period
 _____ 35.58

Zazzle - Business cards

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2341.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11D.4243

Amount of Each Receipt this Period
 _____ 250.00

NY Republican County Committee

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2385.04

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11D.4255

Amount of Each Receipt this Period
43.14

Zazzle - Business cards

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2418.04

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11D.4284

Amount of Each Receipt this Period
33.00

New Jersey Transit

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2432.04

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11D.4285

Amount of Each Receipt this Period
14.00

Long Island Railroad

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2481.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11D.4289

Amount of Each Receipt this Period
49.49

Zazzle - Business cards

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2492.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11D.4290

Amount of Each Receipt this Period
11.00

Long Island Railroad

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2499.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11D.4299

Amount of Each Receipt this Period
7.00

Long Island Railroad

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2523.53

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11D.4295

Amount of Each Receipt this Period
24.00

Transportation - Peter Pan DC trip

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2554.53

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2014

Transaction ID : SA11D.4296

Amount of Each Receipt this Period
31.00

Transportation - Peter Pan DC trip

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2580.03

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11D.4335

Amount of Each Receipt this Period
25.50

FedEx Office

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2589.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11D.4297

Amount of Each Receipt this Period
9.50
 Long Island Railroad

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICHOLAS S DI IORIO

Mailing Address 323 EAST 93RD STREET APT 4W

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee. **C H4NY12052**

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2596.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11D.4298

Amount of Each Receipt this Period
7.00
 Long Island Railroad

[MEMO ITEM]

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

Full Name (Last, First, Middle Initial) A. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 5010.00 Transaction ID : SB17.4191
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary with bank fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Gaglani Enterprises		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address PO Box 7831		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4195
City North Brunswick	State NJ	
Zip Code 08902	Purpose of Disbursement Web site design and maintenance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Brian Golden		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 185 West 135th St, #4		Amount of Each Disbursement this Period 378.00 Transaction ID : SB17.4214
City New York	State NY	
Zip Code 10030	Purpose of Disbursement Petitioner paycheck - 1001	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5738.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NICK FOR NEW YORK INC

Full Name (Last, First, Middle Initial) A. Brian Golden			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014		
Mailing Address 185 West 135th St, #4			Amount of Each Disbursement this Period 342.00		
City New York	State NY	Zip Code 10030	Transaction ID : SB17.4215		
Purpose of Disbursement Petitioner paycheck - 1005		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kathleen Jones			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 2187 Holland Ave, #5F			Amount of Each Disbursement this Period 342.00		
City Bronx	State NY	Zip Code 10462	Transaction ID : SB17.4208		
Purpose of Disbursement Petitioner paycheck - 1003		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Kathleen Jones			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014		
Mailing Address 2187 Holland Ave, #5F			Amount of Each Disbursement this Period 444.00		
City Bronx	State NY	Zip Code 10462	Transaction ID : SB17.4210		
Purpose of Disbursement Petitioner paycheck - 1009		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1128.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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 COMMITTEE (In Full)
NICK FOR NEW YORK INC

Full Name (Last, First, Middle Initial) A. Kathleen Jones		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2187 Holland Ave, #5F		Amount of Each Disbursement this Period 727.00 Transaction ID : SB17.4219
City Bronx	State NY	
Zip Code 10462	Purpose of Disbursement Petitioner paycheck - 1014	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Metropolitan Republican Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 122 East 83rd St		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4203
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Rental cost for fundraiser - 1011	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. William Pearlman		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 345 East 69th St, #17B		Amount of Each Disbursement this Period 219.00 Transaction ID : SB17.4197
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Petitioner paycheck - 1002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	727.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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 COMMITTEE (In Full)
NICK FOR NEW YORK INC

Full Name (Last, First, Middle Initial) A. William Pearlman		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 345 East 69th St, #17B		Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.4209
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Petitioner paycheck - 1006	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. William Pearlman		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 345 East 69th St, #17B		Amount of Each Disbursement this Period 183.00 Transaction ID : SB17.4218
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Petitioner paycheck - 1013	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Denise Traynor		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 211 East 81st St Apt 6G		Amount of Each Disbursement this Period 156.00 Transaction ID : SB17.4325
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Petitioner paycheck - 1015	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	549.00
TOTAL This Period (last page this line number only).....	8142.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - Jan DC trip
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4280	
Amount Incurred This Period 26.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - DC Metro
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4340	
Amount Incurred This Period 10.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Godaddy - Domain registration 1
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4253	
Amount Incurred This Period 30.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 30.71

1) SUBTOTALS This Period This Page (optional)	66.71
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Godaddy - Domain registration 2
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4254	
Amount Incurred This Period 13.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - Jan DC trip
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4281	
Amount Incurred This Period 18.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): 99designs - logo
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4250	
Amount Incurred This Period 338.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

1) SUBTOTALS This Period This Page (optional)	369.17
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Office expenses - fax
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4344	
Amount Incurred This Period 7.24	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Web site design and maintenance
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4244	
Amount Incurred This Period 350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 350.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Office expenses - Fax
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4345	
Amount Incurred This Period 6.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 6.96

1) SUBTOTALS This Period This Page (optional)	364.20
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
NY State Dept of State - Filing Certificate of Incorp

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4245

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

155.00

0.00

155.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Transportation - Amtrak DC trip

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4258

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

84.00

0.00

84.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Transportation - Peter Pan DC trip

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4263

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

20.00

0.00

20.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

259.00

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - Taxi fare DC
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4275	
Amount Incurred This Period 7.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - DC Taxi
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4342	
Amount Incurred This Period 9.55	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - DC Taxi
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4343	
Amount Incurred This Period 16.92	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.92

1) SUBTOTALS This Period This Page (optional)	34.21
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Photography for media materials
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4237	
Amount Incurred This Period 800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Transportation - Taxi fare DC
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4276	
Amount Incurred This Period 11.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Zazzle - Business cards
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4246	
Amount Incurred This Period 51.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.78

1) SUBTOTALS This Period This Page (optional)	863.03
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Zazzle - Business cards
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4247	
Amount Incurred This Period 35.58	Payment This Period 0.00	Outstanding Balance at Close of This Period 35.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): NY Republican County Committee - Registration
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4248	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO	Nature of Debt (Purpose): Zazzle - Business cards
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4256	
Amount Incurred This Period 43.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.14

1) SUBTOTALS This Period This Page (optional)	328.72
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): New Jersey Transit
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4304	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="33.00"/>	<input type="text" value="0.00"/>	<input type="text" value="33.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): Long Island Railroad
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4305	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="14.00"/>	<input type="text" value="0.00"/>	<input type="text" value="14.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): Zazzle - Business cards
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4309	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="49.49"/>	<input type="text" value="0.00"/>	<input type="text" value="49.49"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="96.49"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): Long Island Railroad
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4310	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="11.00"/>	<input type="text" value="0.00"/>	<input type="text" value="11.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): Long Island Railroad
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4319	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NICHOLAS S DI IORIO		Nature of Debt (Purpose): Transportation - Peter Pan DC trip
Mailing Address 323 EAST 93RD STREET APT 4W		
City	State	Zip Code
NEW YORK	NY	10128

Outstanding Balance Beginning This Period	Transaction ID : SD10.4315	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="24.00"/>	<input type="text" value="0.00"/>	<input type="text" value="24.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="42.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value=""/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Transportation - Peter Pan DC trip

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4316

Amount Incurred This Period

31.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Office expenses - Mailing FEC form

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4341

Amount Incurred This Period

25.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Long Island Railroad

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4317

Amount Incurred This Period

9.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.50

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

66.00

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NICHOLAS S DI IORIO

Nature of Debt (Purpose):
Long Island Railroad

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4318

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

7.00

0.00

7.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Zazzle - Palm cards

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

Transaction ID : SD10.4302

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

114.00

0.00

114.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Zazzle - Black membership

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

Transaction ID : SD10.4303

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

39.95

0.00

39.95

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

160.95

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
USPS - PO Box

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4307

Amount Incurred This Period

37.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Zazzle - Palm cards

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4306

Amount Incurred This Period

95.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

95.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Zazzle - Palm cards

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4308

Amount Incurred This Period

95.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

95.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

227.00

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph P Shippee		Nature of Debt (Purpose): Zazzle - Palm cards
Mailing Address 35 River Drive South 410		
City State	Zip Code	
Jersey City	NJ 07310	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4312	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="166.95"/>	<input type="text" value="0.00"/>	<input type="text" value="166.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph P Shippee		Nature of Debt (Purpose): Advertising - Facebook
Mailing Address 35 River Drive South 410		
City State	Zip Code	
Jersey City	NJ 07310	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4311	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="25.21"/>	<input type="text" value="0.00"/>	<input type="text" value="25.21"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph P Shippee		Nature of Debt (Purpose): Godaddy - Express Email Marketing
Mailing Address 35 River Drive South 410		
City State	Zip Code	
Jersey City	NJ 07310	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4313	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="59.97"/>	<input type="text" value="0.00"/>	<input type="text" value="59.97"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="252.13"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Zazzle - Palm cards

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4314

Amount Incurred This Period

175.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Advertising - Facebook

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4321

Amount Incurred This Period

50.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joseph P Shippee

Nature of Debt (Purpose):
Fundraiser - beverages

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4320

Amount Incurred This Period

121.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

121.71

1) **SUBTOTALS** This Period This Page (optional)

347.31

2) **TOTALS** This Period (last page this line number only)

3476.92

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

3476.92