

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NICK FOR NEW YORK INC

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

	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))....	12475.00	23735.00
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12275.00	23535.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12450.79	21461.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.56	7.05
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12449.23	21454.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2080.49	
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).....	11100.00	20425.00
(ii) Unitemized.....	1275.00	3110.00
(iii) TOTAL of contributions from individuals ▶	12375.00	23535.00
(b) Political Party Committees.....	100.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12475.00	23735.00
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.)	1.56	7.05
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)..... ▶	12476.56	23742.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12450.79	21461.56
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	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12650.79	21661.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2254.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12476.56
25. SUBTOTAL (add Line 23 and Line 24).....	14731.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12650.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2080.49

**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 27
	<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. Robert Chimbel		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 3129 Stanford Ave		Transaction ID : SA11AI.4381	
City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period _____ 250.00 Campaign donation - primary		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Component Group President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. Leland J Cleland		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014	
Mailing Address 6901 Windswept Circle		Transaction ID : SA11AI.4407	
City State Zip Code Fort Worth TX 76135	Amount of Each Receipt this Period _____ 1000.00 Campaign donation - primary		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Ernst & Young LLP Tax Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. Mark Costello		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 5901 N. Santa Fe		Transaction ID : SA11AI.4377	
City State Zip Code Edmond OK 73025	Amount of Each Receipt this Period _____ 650.00 Campaign donation - primary		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation State of Oklahoma Commissioner of Labor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 650.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1900.00
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 6 OF 27
	<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)
Timothy Lykins

Mailing Address 2588 7th Avenue
Apt 4E

City New York State NY Zip Code 10039

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

Name of Employer The Saint Nicholas Society Occupation Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
30.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
30.00

Networking Event - Advance

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
David Ramsay

Mailing Address One Fifth Ave
Apt 14JH

City New York State NY Zip Code 10003

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

Name of Employer NYU Medical Center Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
250.00

Campaign donation - primary

C. Full Name (Last, First, Middle Initial)
Florence L Seligman

Mailing Address 900 Fifth Ave

City New York State NY Zip Code 10021

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period
250.00

Campaign donation - primary

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

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

500.00

**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 7 OF 27
	<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
5200.00

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

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
2600.00

Campaign donation - general

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
5200.00

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

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
2600.00

Campaign donation - general

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

Mailing Address 303 East 57th Street
Apt 46G

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Excelsior Graphics, Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period
250.00

Campaign donation - primary

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

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

5450.00

**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 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 500 East 77th Street
Apt 204

City New York State NY Zip Code 10162

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

Name of Employer NYU School of Medicine Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
250.00

Campaign donation - primary

B. Full Name (Last, First, Middle Initial)
Jay Sullivan

Mailing Address 73 Hays Hill Road

City Pleasantville State NY Zip Code 10570

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

Name of Employer ExecComm, LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
500.00

Campaign donation - primary

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

Mailing Address 666 Fifth Ave
Fl 37

City New York State NY Zip Code 10103

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

Name of Employer Retired Occupation Finance executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
2500.00

Campaign donation - primary

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

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

3250.00

11100.00

**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 9 OF 27			
	<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. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4506
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor 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. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 125 18th St Ste 9		Amount of Each Disbursement this Period 266.57 Transaction ID : SB17.4448
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Video equipment		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. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4419
City Bronxville	State NY Zip Code 10708	
Purpose of Disbursement Campaign advisor salary		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).....	5286.37
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 10 OF 27	
	<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 04 / 30 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.4466
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary	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. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4486
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary	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 04 / 03 / 2014
Mailing Address 185 West 135th St Apt 4		Amount of Each Disbursement this Period 288.00 Transaction ID : SB17.4452
City New York	State NY	
Zip Code 10030	Purpose of Disbursement Petitioner paycheck - 1017	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).....	5288.00
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 11 OF 27			
	<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 04 / 07 / 2014	
Mailing Address 185 West 135th St Apt 4			Amount of Each Disbursement this Period 60.00	
City New York	State NY	Zip Code 10030	Transaction ID : SB17.4455	
Purpose of Disbursement Petitioner paycheck - 1021		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Brian Golden			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 185 West 135th St Apt 4			Amount of Each Disbursement this Period 60.00	
City New York	State NY	Zip Code 10030	Transaction ID : SB17.4464	
Purpose of Disbursement Petitioner paycheck - 1027		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Catherine Harbourt			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 45 East End Ave Apt 10D			Amount of Each Disbursement this Period 60.00	
City New York	State NY	Zip Code 10028	Transaction ID : SB17.4458	
Purpose of Disbursement Petitioner paycheck - 1025		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	180.00
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 12 OF 27	
	<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. Catherine Harbourt		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 45 East End Ave Apt 10D		Amount of Each Disbursement this Period 78.00
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Petitioner paycheck - 1024	Transaction ID : SB17.4459
Candidate Name	Category/Type	
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 04 / 07 / 2014
Mailing Address 2187 Holland Ave Apt 5F		Amount of Each Disbursement this Period 60.00
City Bronx	State NY	
Zip Code 10462	Purpose of Disbursement Petitioner paycheck - 1022	Transaction ID : SB17.4460
Candidate Name	Category/Type	
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 04 / 07 / 2014
Mailing Address 2187 Holland Ave Apt 5F		Amount of Each Disbursement this Period 108.00
City Bronx	State NY	
Zip Code 10462	Purpose of Disbursement Petitioner paycheck - 1023	Transaction ID : SB17.4461
Candidate Name	Category/Type	
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).....	246.00
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 13 OF 27	
	<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. William Pearlman		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 345 East 69th St Apt 17B		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4454
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Petitioner paycheck - 1020	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. Denise Traynor		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 211 East 81st St Apt 6G		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4453
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Petitioner paycheck - 1019	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	11120.37

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 - Jan DC trip

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

26.00

Transaction ID : SD10.4280

Amount Incurred This Period

0.00

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

10.00

Transaction ID : SD10.4340

Amount Incurred This Period

0.00

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

30.71

Transaction ID : SD10.4253

Amount Incurred This Period

0.00

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)

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):
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

13.17

Transaction ID : SD10.4254

Amount Incurred This Period

0.00

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

18.00

Transaction ID : SD10.4281

Amount Incurred This Period

0.00

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

338.00

Transaction ID : SD10.4250

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

338.00

- 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) ▶

369.17

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 27
	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 7.24	Transaction ID : SD10.4344	
Amount Incurred This Period 0.00	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 350.00	Transaction ID : SD10.4244	
Amount Incurred This Period 0.00	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 6.96	Transaction ID : SD10.4345	
Amount Incurred This Period 0.00	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

155.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

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

84.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

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

20.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.00

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

259.00

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 18 OF 27
	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 <input type="text" value="7.74"/>	Transaction ID : SD10.4275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="9.55"/>	Transaction ID : SD10.4342	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="16.92"/>	Transaction ID : SD10.4343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.92"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="34.21"/>
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
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

Transaction ID : SD10.4237

800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.4276

11.25

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.4246

51.78

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

51.78

- 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) ▶

863.03

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 27
	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 35.58	Transaction ID : SD10.4247	
Amount Incurred This Period 0.00	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 250.00	Transaction ID : SD10.4248	
Amount Incurred This Period 0.00	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 43.14	Transaction ID : SD10.4256	
Amount Incurred This Period 0.00	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 21 OF 27
	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 33.00	Transaction ID : SD10.4304	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 14.00	Transaction ID : SD10.4305	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 49.49	Transaction ID : SD10.4309	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49.49

1) SUBTOTALS This Period This Page (optional)	96.49
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 22 OF 27
	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="11.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<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="7.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<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="24.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<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"/>
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
31.00

Transaction ID : SD10.4316

Amount Incurred This Period 0.00 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
25.50

Transaction ID : SD10.4341

Amount Incurred This Period 0.00 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
9.50

Transaction ID : SD10.4317

Amount Incurred This Period 0.00 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)	PAGE 24 OF 27
	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 7.00	Transaction ID : SD10.4318	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 114.00	Transaction ID : SD10.4302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 39.95	Transaction ID : SD10.4303	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 39.95

1) SUBTOTALS This Period This Page (optional)	160.95
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 25 OF 27
	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): USPS - PO Box
Mailing Address 35 River Drive South 410	
City State Zip Code Jersey City NJ 07310	

Outstanding Balance Beginning This Period <input type="text" value="37.00"/>	Transaction ID : SD10.4307	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="95.00"/>	Transaction ID : SD10.4306	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="95.00"/>	Transaction ID : SD10.4308	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="95.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="227.00"/>
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

166.95

Transaction ID : SD10.4312

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

25.21

Transaction ID : SD10.4311

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

59.97

Transaction ID : SD10.4313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.97

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

252.13

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
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

175.00

Transaction ID : SD10.4314

Amount Incurred This Period

0.00

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

50.60

Transaction ID : SD10.4321

Amount Incurred This Period

0.00

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

121.71

Transaction ID : SD10.4320

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

121.71

- 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) ▶

347.31

3476.92

0.00

3476.92