

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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: / / 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))....	30623.42	71798.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30623.42	71598.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27965.04	61489.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	50.00	73.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27915.04	61415.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10182.83	
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).....	516.17	

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).....	28153.42	65878.42
(ii) Unitemized.....	2220.00	5470.00
(iii) TOTAL of contributions from individuals ▶	30373.42	71348.42
(b) Political Party Committees.....	250.00	350.00
(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))..	30623.42	71798.42
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.)	50.00	73.88
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)..... ▶	30673.42	71872.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27965.04	61489.47
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	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)).....	0.00	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	27965.04	61689.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7474.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30673.42
25. SUBTOTAL (add Line 23 and Line 24).....	38147.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27965.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10182.83

**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 63
	<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

Full Name (Last, First, Middle Initial) A. Kenneth Abramowitz		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address P.O. Box 958		Transaction ID : SA11AI.4654	
City Southport	State CT	Zip Code 06890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1543.42	
Name of Employer NGN Capital	Occupation Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3043.42		
In-kind - Air travel			

Full Name (Last, First, Middle Initial) B. Kenneth Abramowitz		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address P.O. Box 958		Transaction ID : SA11AI.4656	
City Southport	State CT	Zip Code 06890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 380.00	
Name of Employer NGN Capital	Occupation Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3423.42		
In-kind - Accomodation			

Full Name (Last, First, Middle Initial) C. Kenneth Abramowitz		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2014	
Mailing Address P.O. Box 958		Transaction ID : SA11AI.4658	
City Southport	State CT	Zip Code 06890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 380.00	
Name of Employer NGN Capital	Occupation Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3803.42		
In-kind - Accomodation			

SUBTOTAL of Receipts This Page (optional).....	2303.42
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 63
	<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. Nira Abramowitz		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 958		Transaction ID : SA11AI.4787
City Southport	State CT	Zip Code 06890
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00 Campaign donation	
Name of Employer None	Occupation None	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Bill Bonbrest		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address 1350 Avenue of the Americas		Transaction ID : SA11AI.4694
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Campaign donation	
Name of Employer Tao Group	Occupation COO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Caimi		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 1748		Transaction ID : SA11AI.4692
City New York	State NY	Zip Code 10101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Campaign donation	
Name of Employer Paramount Group	Occupation General Asset Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 7 OF 63
	<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

Full Name (Last, First, Middle Initial) A. Leslie Carranza		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 25612 Meadowdale Street		Transaction ID : SA11AI.4690	
City Franklin	State MI	Zip Code 48025	Amount of Each Receipt this Period Campaign donation 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Adara Capital	Occupation Third Party Marketing		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Arcadio Casillas		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 555 Madison Avenue		Transaction ID : SA11AI.4801	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period Campaign donation 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer PREFERRED COMPENSATION CORPORATIC	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Sulexan Chery		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 80 Pine Street 11th Fl		Transaction ID : SA11AI.4785	
City New York	State NY	Zip Code 10005	Amount of Each Receipt this Period Campaign donation 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Chery Capital	Occupation Chief Investment Officer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

**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 63
	<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)
Peter Cove

Mailing Address 870 UN Plaza

City New York State NY Zip Code 10017

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

Name of Employer America Works of NY Occupation Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
500.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Anthony DeLuise Jr

Mailing Address 76 Oakwood Drive

City Scituate State RI Zip Code 02825

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

Name of Employer Foundry Orthopedics Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2014

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
500.00

Campaign donation

C. Full Name (Last, First, Middle Initial)
James W Gerard

Mailing Address 515 East 72nd Street

City New York State NY Zip Code 10021

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

Name of Employer North Sea Partners Occupation Investment Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period
500.00

Campaign donation

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

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

1500.00

**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 9 OF 63
	<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)
James H Herring Jr

Mailing Address 132 E. 72nd St
Apt 3

City New York State NY Zip Code 10021

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

Name of Employer Goldman, Sachs & Co. Occupation Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
1000.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Sung K Hwang

Mailing Address 26 Trafalgar Road

City Tenafly State NJ Zip Code 07670

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

Name of Employer Archegos Capital Mgmt Occupation CEO, Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
2600.00

Campaign donation

C. Full Name (Last, First, Middle Initial)
Scott A Jeffrey

Mailing Address 360 Central Park W
Apt 10D

City New York State NY Zip Code 10025

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

Name of Employer Lincoln Voters, Inc. Occupation Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period
250.00

Campaign donation

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

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

3850.00

**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 10 OF 63
	<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)
John Kingston III

Mailing Address 16 Chestnut Street

City Winchester State MA Zip Code 01890

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

Name of Employer AMG Occupation Vice Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period
1500.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Mark Langfan

Mailing Address 480 Park Avenue
20H

City New York State NY Zip Code 10022

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

Name of Employer The Langfan Company Occupation manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
1200.00

Campaign donation

C. Full Name (Last, First, Middle Initial)
A T Mok

Mailing Address PO Box 4470

City Sunnyside State NY Zip Code 11104

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

Name of Employer Info requested Occupation 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
 09 / 03 / 2014

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
500.00

Campaign donation

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

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

3200.00

**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 11 OF 63
	<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)
Elayna Pham

Mailing Address 100 West 58th St
Apt 4E

City New York State NY Zip Code 10019

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

Name of Employer Axiom Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
 1000.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Charles J Rose

Mailing Address 190 East 72nd Street
Apt 17AB

City New York State NY Zip Code 10021

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

Name of Employer Cruiser Capital LLC Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
 1500.00

Campaign donation

C. Full Name (Last, First, Middle Initial)
Nathan E Saint-Amand

Mailing Address 2 E 88th St

City New York State NY Zip Code 10128

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

Name of Employer Self 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
 09 / 05 / 2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
 250.00

Campaign donation

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

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

2750.00

**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 12 OF 63
	<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)
Beth Schleider

Mailing Address 401 East 74th St

City New York State NY Zip Code 10021

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

Name of Employer Self Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
 1000.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Steven Schleider

Mailing Address 401 East 74th Street

City New York State NY Zip Code 10021

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

Name of Employer Metropolitan Valuation Services Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period
 2600.00

Campaign donation

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

Mailing Address 303 East 57th Street Apt 46G

City New York State NY Zip Code 10022

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

Name of Employer Excelsior Graphics, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
 50.00

Campaign donation

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

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

3650.00

**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 63
	<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)
Paul Singer

Mailing Address 40 West 57th Street
4th Fl

City New York State NY Zip Code 10019

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

Name of Employer Elliott Management Corporation Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
2600.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Margaret Turner

Mailing Address 175 Ocean Ave

City Rockaway Point State NY Zip Code 11697

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
250.00

Campaign donation

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

Mailing Address 175 Ocean Ave

City Rockaway Point State NY Zip Code 11697

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.4793

Amount of Each Receipt this Period
500.00

Campaign donation

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

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

3350.00

**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 14 OF 63
	<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. Richard R Vietor		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 1 East End Avenue Apt 6A		Transaction ID : SA11AI.4774
City New York	State NY	
Zip Code 10075		Amount of Each Receipt this Period 300.00 Campaign donation
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. John C Whitehead		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 666 Fifth Ave Fl 37		Transaction ID : SA11AI.4781
City New York	State NY	
Zip Code 10103		Amount of Each Receipt this Period 1000.00 Campaign donation
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Finance executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) C. Peter Worth		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 845 United Nations Plaza Apt 65A		Transaction ID : SA11AI.4791
City New York	State NY	
Zip Code 10017		Amount of Each Receipt this Period 1000.00 Campaign donation
FEC ID number of contributing federal political committee. C		
Name of Employer Worth Corporate Planning	Occupation Chairman & CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	28153.42

**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 63
	<input type="checkbox"/> 11a 12 <input checked="" 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)
New York State Conservative Party - Federal Acct

Mailing Address 486 78th Street

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing federal political committee. **C** C00282343

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11B.4750

Amount of Each Receipt this Period
 Campaign donation
 250.00

B. 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

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).....

250.00

250.00

**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 16 OF 63			
	<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. 99designs		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 447 Battery St 3rd Fl		Amount of Each Disbursement this Period 338.00
City San Francisco	State CA Zip Code 94111	
Purpose of Disbursement 99designs - logo	Category/Type	Transaction ID : SB17.4668
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Kenneth Abramowitz		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address P.O. Box 958		Amount of Each Disbursement this Period 1543.42
City Southport	State CT Zip Code 06890	
Purpose of Disbursement In-kind - Air travel	Category/Type	Transaction ID : SB17.4655
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kenneth Abramowitz		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O. Box 958		Amount of Each Disbursement this Period 380.00
City Southport	State CT Zip Code 06890	
Purpose of Disbursement In-kind - Accomodation	Category/Type	Transaction ID : SB17.4657
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1923.42
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 17 OF 63	
	<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. Kenneth Abramowitz		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address P.O. Box 958		Amount of Each Disbursement this Period 380.00 Transaction ID : SB17.4659
City Southport	State CT	
Zip Code 06890	Purpose of Disbursement In-kind - Accomodation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.4804
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.4805
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	429.35
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 18 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 07 / 07 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.4806
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4812
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4813
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	45.75
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 19 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 07 / 30 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4828
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 47.10 Transaction ID : SB17.4849
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.4850
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	53.55
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 20 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 08 / 15 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4871
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4872
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4873
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8.70
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 21 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 MM / DD / YYYY 08 / 27 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Donation Processor Fee	Transaction ID : SB17.4874
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 1.27
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Donation Processor Fee	Transaction ID : SB17.4923
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Donation Processor Fee	Transaction ID : SB17.4924
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15.52
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 22 OF 63			
	<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 09 / 05 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4925
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4926
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4927
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	28.20
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 23 OF 63	
	<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 09 / 16 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 58.80 Transaction ID : SB17.4948
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.4949
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4950
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	117.80
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 24 OF 63	
	<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 09 / 25 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4951
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 675 Third Ave		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4889
City New York	State NY Zip Code 10017	
Purpose of Disbursement Cashier's check fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Strategies PR		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 1127 C Street, SE		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.4864
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Media consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6024.20
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 25 OF 63	
	<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. Capitol Strategies PR		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1127 C Street, SE		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4887
City Washington State DC Zip Code 20003	Purpose of Disbursement Media consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Strategies PR		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 1127 C Street, SE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4930
City Washington State DC Zip Code 20003	Purpose of Disbursement Media consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Daily News L.P.		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 125 Theodore Conrad Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4960
City Jersey City State NJ Zip Code 07305	Purpose of Disbursement Ad buy	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8500.00
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 26 OF 63			
	<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. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4621
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Photography for media materials	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4645
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Reimbursement for Web site design and maintenance	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 155.00 Transaction ID : SB17.4648
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Reimbursement for Filing Certificate of Incorporation	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1305.00
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 63	
	<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. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 51.78 Transaction ID : SB17.4652
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Business cards - candidate	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 35.58 Transaction ID : SB17.4661
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Zazzle - Business cards	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4664
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement NY Republican County Committee - Registration	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	337.36
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 63	
	<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. NICHOLAS S DI IORIO		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 338.00 Transaction ID : SB17.4667
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement 99designs - logo	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4825
City Bronxville State NY Zip Code 10708	Purpose of Disbursement Campaign advisor fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 25.21 Transaction ID : SB17.4641 [MEMO ITEM]
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising - Facebook	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	488.00
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 63	
	<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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 175.00
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	Transaction ID : SB17.4679 [MEMO ITEM]
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. Full House Printing & Graphics		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 60 Newark St		Amount of Each Disbursement this Period 175.00
City Hoboken	State NJ	
Zip Code 07030	Purpose of Disbursement Printing materials	Transaction ID : SB17.4947
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gaglani Enterprises		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address PO Box 7831		Amount of Each Disbursement this Period 350.00
City North Brunswick	State NJ	
Zip Code 08902	Purpose of Disbursement Web site design and maintenance	Transaction ID : SB17.4647 [MEMO ITEM]
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).....	175.00
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 30 OF 63	
	<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. Godaddy.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 14455 N. Hayden Rd Suite 226		Amount of Each Disbursement this Period 59.97
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Godaddy - Express Email Marketing	Transaction ID : SB17.4676
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Brian Golden		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 185 West 135th St Apt 4		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Zip Code 10030	Purpose of Disbursement Literature distributor paycheck - 1052	Transaction ID : SB17.4952
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Keil Studios		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 38 Greene St		Amount of Each Disbursement this Period 800.00
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Ultimate payee for reimbursed photography expense	Transaction ID : SB17.4622
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.00
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 31 OF 63			
	<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. New York Republican County Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 122 East 83rd St		Amount of Each Disbursement this Period 250.00
City New York	State NY	
Zip Code 10028	Purpose of Disbursement NY Republican County Committee - Registration	Transaction ID : SB17.4665
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. New York Republican County Committee		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 122 East 83rd St		Amount of Each Disbursement this Period 100.00
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Event hosted by county committee	Transaction ID : SB17.4888
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. New York State Department of State		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address One Commerce Plaza 99 Washington Ave		Amount of Each Disbursement this Period 155.00
City Albany	State NY	
Zip Code 12231	Purpose of Disbursement Filing Certificate of Incorporation	Transaction ID : SB17.4649
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
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 32 OF 63		
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 26.50 Transaction ID : SB17.4931
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4932
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 19.00 Transaction ID : SB17.4933
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	53.50
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 33 OF 63			
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 16.50 Transaction ID : SB17.4934
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.4936
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50 Transaction ID : SB17.4937
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.00
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 34 OF 63			
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 35.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4940
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4941
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 19.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4942
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	65.00
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 35 OF 63		
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 6.50 Transaction ID : SB17.4944
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.4945
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 5.50 Transaction ID : SB17.4946
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21.00
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 36 OF 63	
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50 Transaction ID : SB17.4953
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50 Transaction ID : SB17.4954
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.4958
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	28.50
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 37 OF 63		
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.50
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4961
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4962
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 15.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.4963
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.50
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 38 OF 63	
	<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. Prima Hotels Israel Ltd		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 105 Hayarkon St		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4834
City Tel Aviv	State Zip Code	
Purpose of Disbursement Accommodations	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Prima Hotels Israel Ltd		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 105 Hayarkon St		Amount of Each Disbursement this Period 6.60 Transaction ID : SB17.4836
City Tel Aviv	State Zip Code	
Purpose of Disbursement Transaction fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Prima Hotels Israel Ltd		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 105 Hayarkon St		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4847
City Tel Aviv	State Zip Code	
Purpose of Disbursement Accommodations	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	236.60
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 39 OF 63	
	<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. Prima Hotels Israel Ltd		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 105 Hayarkon St		Amount of Each Disbursement this Period 0.30 Transaction ID : SB17.4848
City Tel Aviv	State Zip Code	
Purpose of Disbursement Transaction fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Joseph P Shippee		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 35 River Drive South 410		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.4629
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Zazzle - Palm cards	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 P Shippee		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 35 River Drive South 410		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.4631
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Zazzle - Black membership	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).....	135.25
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 40 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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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 Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 37.00	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4633	
Purpose of Disbursement USPS - PO Box		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. Joseph P Shippee			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 81.05	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4636	
Purpose of Disbursement Zazzle - Palm cards		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. Joseph P Shippee			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 13.95	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4639	
Purpose of Disbursement Zazzle - Palm Cards		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).....	132.00
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 41 OF 63			
	<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 P Shippee			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 25.21	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4640	
Purpose of Disbursement Advertising - Facebook		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. Joseph P Shippee			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 166.95	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4643	
Purpose of Disbursement Zazzle - Palm Cards		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. Joseph P Shippee			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 35 River Drive South 410			Amount of Each Disbursement this Period 59.97	
City Jersey City	State NJ	Zip Code 07310	Transaction ID : SB17.4672	
Purpose of Disbursement Godaddy - Express Email Marketing		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).....	252.13
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 42 OF 63			
	<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 P Shippee		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 35 River Drive South 410		Amount of Each Disbursement this Period 175.00 Transaction ID : SB17.4673
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Zazzle - Palm cards	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 P Shippee		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 35 River Drive South 410		Amount of Each Disbursement this Period 50.60 Transaction ID : SB17.4674
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Advertising - Facebook	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 P Shippee		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 35 River Drive South 410		Amount of Each Disbursement this Period 121.71 Transaction ID : SB17.4675
City Jersey City	State NJ Zip Code 07310	
Purpose of Disbursement Fundraiser - beverages	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).....	347.71
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 43 OF 63	
	<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. Straus News		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 20 West Avenue		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4968
City Chester	State NY	
Zip Code 10918	Purpose of Disbursement Email ad	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Jewish Press		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 4915 16th Avenue		Amount of Each Disbursement this Period 870.00 Transaction ID : SB17.4970
City Brooklyn	State NY	
Zip Code 11204	Purpose of Disbursement Ad buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 60 Columbus Circle		Amount of Each Disbursement this Period 2550.00 Transaction ID : SB17.4966
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Ad buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4220.00
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 44 OF 63	
	<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. Tower Copy East		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 115 West 45th St Suite 502		Amount of Each Disbursement this Period 212.31
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Photocopies	Transaction ID : SB17.4878
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 475 L'Enfant Plaza, SW		Amount of Each Disbursement this Period 37.00
City Washington	State DC	
Zip Code 20260	Purpose of Disbursement Ultimate payee for USPS - PO Box	Transaction ID : SB17.4635
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. World of Wines		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1252 Lexington Ave		Amount of Each Disbursement this Period 121.71
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Fundraiser - beverages	Transaction ID : SB17.4678
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	212.31
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 45 OF 63			
	<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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 51.78
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Business cards - candidate	Candidate Name	Transaction ID : SB17.4653
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 35.58
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Zazzle - Business cards	Candidate Name	Transaction ID : SB17.4662
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 114.00
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Ultimate payee for Zazzle - Palm cards expense	Candidate Name	Transaction ID : SB17.4628
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 46 OF 63			
	<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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 39.95
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Ultimate payee for Zazzle - Black membership	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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 95.00
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Ultimate payee for Zazzle - Palm cards	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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 95.00
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Ultimate payee for Zazzle - Palm cards (81.05 + 13.95)	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).....	0.00
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 47 OF 63			
	<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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 166.95
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Zazzle - Palm Cards	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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 175.00
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Zazzle - Palm cards	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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 280.00
City Palo Alto	State CA	
Zip Code 93401		[MEMO ITEM]
Purpose of Disbursement Palm cards	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	280.00
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 48 OF 63		
	<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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 89.00
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Stickers	Candidate Name	Transaction ID : SB17.4824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 80.10
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Stickers	Candidate Name	Transaction ID : SB17.4831
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 120.00
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Palm cards	Candidate Name	Transaction ID : SB17.4868
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	289.10
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 49 OF 63	
	<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. Zazzle		Date of Disbursement MM / DD / YYYY 08 / 23 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period \$ 101.84
City Palo Alto	State CA Zip Code 93401	
Purpose of Disbursement Business cards	Candidate Name	Transaction ID : SB17.4883
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	\$ 101.84
TOTAL This Period (last page this line number only).....	\$ 26012.99

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) ▶
- 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) ▶

66.71

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 63
	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 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 338.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	31.17
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 63
	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 350.00	Outstanding Balance at Close of This Period 0.00

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)	14.20
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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	
<input type="text" value="155.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="155.00"/>	<input type="text" value="0.00"/>

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	
<input type="text" value="84.00"/>		
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="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	
<input type="text" value="20.00"/>		
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="20.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="104.00"/>
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"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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 - 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 : SD10.4275

7.74

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.4342

9.55

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.4343

16.92

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

16.92

- 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) ▶

34.21

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 63
	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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 Photography for media materials

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	800.00	0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 Transportation - Taxi fare DC

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 Zazzle - Business cards

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	51.78	0.00

1) SUBTOTALS This Period This Page (optional)	11.25
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 63
	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 35.58	Outstanding Balance at Close of This Period 0.00

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 250.00	Outstanding Balance at Close of This Period 0.00

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)	43.14
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) ▶	

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 New Jersey Transit

Outstanding Balance Beginning This Period **Transaction ID : SD10.4304**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 Long Island Railroad

Outstanding Balance Beginning This Period **Transaction ID : SD10.4305**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
 NEW YORK NY 10128

Nature of Debt (Purpose):
 Zazzle - Business cards

Outstanding Balance Beginning This Period **Transaction ID : SD10.4309**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Nature of Debt (Purpose):
Long Island Railroad

Outstanding Balance Beginning This Period **11.00** Transaction ID : SD10.4310

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **11.00**

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Nature of Debt (Purpose):
Long Island Railroad

Outstanding Balance Beginning This Period **7.00** Transaction ID : SD10.4319

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **7.00**

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

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

Outstanding Balance Beginning This Period **24.00** Transaction ID : SD10.4315

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **24.00**

1) SUBTOTALS This Period This Page (optional)	42.00
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) ▶	

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Nature of Debt (Purpose):
Long Island Railroad

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)	66.00
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) ▶	

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
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 114.00 Outstanding Balance at Close of This Period 0.00

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 39.95 Outstanding Balance at Close of This Period 0.00

- 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) ▶

7.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

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

Mailing Address 35 River Drive South
 410

City State Zip Code
 Jersey City NJ 07310

Nature of Debt (Purpose):
 USPS - PO Box

Outstanding Balance Beginning This Period	Transaction ID : SD10.4307	
37.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	37.00	0.00

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

Mailing Address 35 River Drive South
 410

City State Zip Code
 Jersey City NJ 07310

Nature of Debt (Purpose):
 Zazzle - Palm cards

Outstanding Balance Beginning This Period	Transaction ID : SD10.4306	
95.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	95.00	0.00

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

Mailing Address 35 River Drive South
 410

City State Zip Code
 Jersey City NJ 07310

Nature of Debt (Purpose):
 Zazzle - Palm cards

Outstanding Balance Beginning This Period	Transaction ID : SD10.4308	
95.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	95.00	0.00

1) SUBTOTALS This Period This Page (optional)	0.00
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) ▶	

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

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Nature of Debt (Purpose):
Zazzle - Palm cards

Outstanding Balance Beginning This Period **Transaction ID : SD10.4312**
166.95

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 166.95 0.00

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

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Nature of Debt (Purpose):
Advertising - Facebook

Outstanding Balance Beginning This Period **Transaction ID : SD10.4311**
25.21

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 25.21 0.00

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

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Nature of Debt (Purpose):
Godaddy - Express Email Marketing

Outstanding Balance Beginning This Period **Transaction ID : SD10.4313**
59.97

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 59.97 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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 : SD10.4314	
<input type="text" value="175.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="175.00"/>	<input type="text" value="0.00"/>

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	Transaction ID : SD10.4321	
<input type="text" value="50.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="50.60"/>	<input type="text" value="0.00"/>

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	Transaction ID : SD10.4320	
<input type="text" value="121.71"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="121.71"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="516.17"/>
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="516.17"/>