

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 11 / 04 / 2014 in the State of NY

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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

Type or Print Name of Treasurer Joseph P Shippee

Signature of Treasurer Joseph P Shippee

[Electronically Filed]

Date

10 / 20 / 2014

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

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))....	5950.00	77748.42
(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)).....	5950.00	77548.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9188.51	70677.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	73.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9188.51	70604.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6944.32	
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).....	5500.00	71378.42
(ii) Unitemized.....	450.00	5920.00
(iii) TOTAL of contributions from individuals ▶	5950.00	77298.42
(b) Political Party Committees.....	0.00	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))..	5950.00	77748.42
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.)	0.00	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)..... ▶	5950.00	77822.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9188.51	70677.98
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) ►	9188.51	70877.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10182.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5950.00
25. SUBTOTAL (add Line 23 and Line 24).....	16132.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9188.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6944.32

**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 20
	<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) Joseph Cohen		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014
Mailing Address 150 East 69th Street Apt 12A		Transaction ID : SA11AI.5021
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Garnet Group Inc	Occupation Exec	Campaign donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Norbert Dengler		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014
Mailing Address 2758 Morris Ave		Transaction ID : SA11AI.5023
City Bronx	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Asset Mgr - Atty	Campaign donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Sylvia Hemingway		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2014
Mailing Address 1030 Fifth Ave		Transaction ID : SA11AI.5026
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation None	Campaign donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1150 Fifth Ave

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Self Business

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
 1500.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Aaron Sirulnick

Mailing Address 170 East End Ave

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Info requested Info requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period
 1000.00

Campaign donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

5500.00

**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 7 OF 20			
	<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. Anedot		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 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 : SB17.4998
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 10 / 08 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 58.80
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4999
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 10 / 09 / 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 : SB17.5008
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).....	65.25
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 8 OF 20			
	<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. Anedot		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 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 : SB17.5009
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 10 / 06 / 2014
Mailing Address 1127 C Street, SE		Amount of Each Disbursement this Period 6000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Media consulting	Transaction ID : SB17.4987
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. Full House Printing & Graphics		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 60 Newark St		Amount of Each Disbursement this Period 175.00
City Hoboken	State NJ	
Zip Code 07030	Purpose of Disbursement Printed campaign materials	Transaction ID : SB17.4992
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).....	6179.20
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 9 OF 20			
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 24.00
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 10 / 02 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50
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 10 / 03 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.50
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).....	44.00
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 10 OF 20			
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50 Transaction ID : SB17.4984
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 10 / 07 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.5000
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 10 / 08 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.50 Transaction ID : SB17.5001
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).....	29.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<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. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.5004
City Woodside	State NY	
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 10 / 12 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.5015
City Woodside	State NY	
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 10 / 13 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 5.50 Transaction ID : SB17.5018
City Woodside	State NY	
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).....	24.50
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 12 OF 20	
	<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. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 60 Columbus Circle		Amount of Each Disbursement this Period 1700.00
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Ad buy	Transaction ID : SB17.5019
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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 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	Transaction ID : SB17.4976
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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 37.26
City Palo Alto	State CA	
Zip Code 93401	Purpose of Disbursement Posters	Transaction ID : SB17.4997
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).....	1839.10
TOTAL This Period (last page this line number only).....	8181.05

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	66.71
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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 14 OF 20
	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): 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

1) SUBTOTALS This Period This Page (optional)	38.41
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 15 OF 20
	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 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

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 84.00	Transaction ID : SD10.4258	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 20.00	Transaction ID : SD10.4263	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.00

1) SUBTOTALS This Period This Page (optional)	110.96
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 16 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

Outstanding Balance Beginning This Period <input type="text" value="7.74"/>	Transaction ID : SD10.4275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7.74"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9.55"/>	Transaction ID : SD10.4342	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9.55"/>

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

Outstanding Balance Beginning This Period <input type="text" value="16.92"/>	Transaction ID : SD10.4343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16.92"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="34.21"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
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
11.25

Transaction ID : SD10.4276

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 11.25

B. 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 Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 43.14

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

Nature of Debt (Purpose):
New Jersey Transit

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period
33.00

Transaction ID : SD10.4304

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 33.00

- 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) ▶

87.39

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

14.00

Transaction ID : SD10.4305

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14.00

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

Nature of Debt (Purpose):
Zazzle - Business cards

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

49.49

Transaction ID : SD10.4309

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

49.49

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

Nature of Debt (Purpose):
Long Island Railroad

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

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

- 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) ▶

74.49

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

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

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 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

1) SUBTOTALS This Period This Page (optional)	62.00
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)	PAGE 20 OF 20
	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 - Mailing FEC form
Mailing Address 323 EAST 93RD STREET APT 4W	
City State Zip Code NEW YORK NY 10128	

Outstanding Balance Beginning This Period 25.50	Transaction ID : SD10.4341	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.50

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

Outstanding Balance Beginning This Period 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

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

Outstanding Balance Beginning This Period 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

1) SUBTOTALS This Period This Page (optional)	42.00
2) TOTALS This Period (last page this line number only)	516.17
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	516.17