FEC FORM 3	AND DI	T OF REC SBURSEM Authorized Comm	ENTS	Offic	e Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRIN		ple: If typing, type the lines.	12FE4M5	
ADDRESS (number ar					
Check if dit than previo reported. (A	I NEW YORK			NY 1012	B
2. FEC IDENTIFIC	CATION NUMBER V	CITY		STATE	
C C0055629	90	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly R April 15 July 15 Octobe	PORT (Choose One) eports: 5 Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3) r 31 Year-End Report (YE)	Election on (c) 30-Day POST -	lection Report for the Primary (12P) Convention (12C) <u>11</u> / <u>04</u> Election Report for the General (30G)	 General (12G) Special (12S) Y Y Y Y 2014 	Runoff (12R) in the State of NY Special (30S) in the State of
5. Covering Period		2014 Y	through 10	D / Y 15	Y Y Y 2014
I certify that I have e Type or Print Name	examined this Report and t	-	vledge and belief it is	true, correct and cor	nplete.
Signature of Treasure	or Joseph P Shippee	[]	[lectronically Filed]	Date 10 /	D D / Y Y Y Y 20 2014
NOTE: Submission of	false, erroneous, or incompl	ete information may su	bject the person signir	ng this Report to the pe	malties of 2 U.S.C. §437g.
FE5AN018					(Revised 02/2003)

Image# 14951693130

10/20/2014 10 : 33

PAGE 1 / 20

Г _		FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 20
		or Type Committee Name K FOR NEW YORK INC		
F	Report	Covering the Period: From:	10 / D D / Y Y Y Y 2014 To:	M M / D D / Y Y Y Y 10 / 15 / 2014
6.	Not	Contributions (other than loops)	COLUMN A This Period	COLUMN B Election Cycle-to-Date
0.	(a)	Contributions (other than loans) 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.		h on Hand at Close of porting Period (from Line 27)	6944.32	
9.	the	ots and Obligations Owed TO Committee (Itemize all on redule C and/or Schedule D)	0.00	
10	the	ots and Obligations Owed BY Committee (Itemize all on redule 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

FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 20
Write or Type Committee Name NICK FOR NEW YORK INC		
Report Covering the Period: From:	0 / D D / Y Y Y Y 0 01 / 2014 To:	10 / D D / Y Y Y Y 10 15 2014
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
(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 (c) TOTAL LOANS	0.00	0.00
(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

FEC Form 3 (Revised 02/2003) **COLUMN A** COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 9188.51 70677.98 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 200.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 200.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 9188.51 70877.98 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 10182.83 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24)

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

(subtract Line 26 from Line 25).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

Image# 14951693133

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 20

5950.00

16132.83

9188.51

6944.32

FE5AN018

24

	CHEDULE A (FEC Form 3)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 5 OF 20 (check only one)			
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 11d		
_				12 13a	13b 14 15		
	y information copied from such Reports and for commercial purposes, other than using th						
	NAME OF COMMITTEE (IN Full) NICK FOR NEW YORK INC						
A.	Full Name (Last, First, Middle Initial) Joseph Cohen			Date of Receipt			
,	Mailing Address 150 East 69th Street Apt 12A	10 / D D 10 01	M M / D D / Y Y Y Y				
	City New York						
	FEC ID number of contributing federal political committee.	С		Amount of Each Re	eceipt this Period		
	Name of Employer Garnet Group Inc	Occupatior Exec	1	Campaign donation	1000.00		
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary 🗙 General		1				
	Other (specify)	L					
В.	Full Name (Last, First, Middle Initial) Norbert Dengler	Date of Receipt					
υ.	Mailing Address 2758 Morris Ave	10 / D D D					
	City Bronx	State NY	Zip Code 10468	Transaction ID : SA1	1AI.5023		
	FEC ID number of contributing federal political committee.	С		Amount of Each Re			
	Name of Employer	Occupation	1		1000.00		
	Self	Asset Mgr -	Atty	Campaign donation			
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary X General Other (specify)		1000.00]			
С.	Full Name (Last, First, Middle Initial) Sylvia Hemingway			Date of Receipt			
0.	Mailing Address 1030 Fifth Ave			10 / D D 10 02	/ Y Y Y Y 2014		
	City New York	State NY	Zip Code 10028	Transaction ID : SA1	1AI.5026		
			10028				
	FEC ID number of contributing federal political committee.	С		Amount of Each Re			
	Name of Employer	Occupation	1		1000.00		
	None	None		Campaign donation			
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary X General Other (specify)		2000.00]			
s	UBTOTAL of Receipts This Page (optional)				3000.00		
F	OTAL This Period (last page this line number						

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 20 (check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15			
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) NICK FOR NEW YORK INC					
<u> </u>	Full Name (Last, First, Middle Initial) Gerald Platt			Date of Receipt		
	Mailing Address 1150 Fifth Ave	M M / D D / Y Y Y Y 10 08 2014				
	City New York	State NY	Zip Code 10128	Transaction ID : SA11AI.5032		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer Self	Occupation Business	1	Campaign donation		
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date]		
В.	Full Name (Last, First, Middle Initial) Aaron SiruInick	Date of Receipt				
υ.	Mailing Address 170 East End Ave			M M / D D / Y Y Y Y 10 08 2014		
	City New York	State NY	Zip Code 10128	Transaction ID : SA11AI.5028		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation		Campaign donation		
	Info requested Receipt For: 2014	Election C	vcle-to-Date			
	Other (specify)		1000.00]		
	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.	Mailing Address			M M / D D / Y Y Y Y		
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupatior	1			
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date]		
s	SUBTOTAL of Receipts This Page (optional)			2500.00		
1	OTAL This Period (last page this line number	only)		5500.00		

IT An		MENTS Reports and Statements m		y of the y Page used by any	FOR LINE NUMBER: PAGE 7 OF 20 (check only one) 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions see to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full NICK FOR NEW YOF				
Α.	Full Name (Last, First, Middle Initial) A. Anedot				Date of Disbursement
	Mailing Address 5555 Hilton Av		Zin Oada		10 08 2014
	City Baton Rouge	State LA	Zip Code 70808		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Donation Processor Fee Candidate Name				2.25 Transaction ID : SB17.4998
				Category/ Type	
	Office Sought: House Senate Presider	Disbursement For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle I	nitial)			
В.	Anodot				Date of Disbursement
	Mailing Address 5555 Hilton Av Ste 106				
	City Baton Rouge	Amount of Each Disbursement this Period			
	Baton Rouge LA 70808 Purpose of Disbursement Credit Card Donation Processor Fee Image: Credit Card Donation Processor Fee				58.80
	Candidate Name			Category/ Type	
	Office Sought: House Senate Presider	nt Disbursement For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle I	nitial)			
C.	Anedot				Date of Disbursement
	Mailing Address 5555 Hilton Av Ste 106				
	City Baton Rouge		p Code 0808		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Donation Processor Fee Candidate Name				4.20
				Category/ Type	Transaction ID : SB17.5008
	Office Sought: House Senate Presider State: District:	nt Disbursement For Primary Other (s	K General		
s	UBTOTAL of Disbursements Th	is Page (optional)			65.25
т	OTAL This Period (last page thi	s line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one) PAGE 8 OF 20 X 17 18 19a 19b 20a 20b 20c 21
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) NICK FOR NEW YORK INC			
Α.	Full Name (Last, First, Middle Initial) Anedot			Date of Disbursement
	Mailing Address 5555 Hilton Ave Ste 106			10 09 2014
	City State Baton Rouge LA Purpose of Disbursement	Zip Code 70808		Amount of Each Disbursement this Period
	Credit Card Donation Processor Fee Candidate Name		Category/	Transaction ID : SB17.5009
	Office Sought: House Disbursement For Senate Primary President Other (s	X General	Туре	
	State: District: Full Name (Last, First, Middle Initial)			
В.	Mailing Address 1127 C Street, SE		Date of Disbursement	
	City State Zip Code Washington DC 20003 Purpose of Disbursement Media consulting Example 1000000000000000000000000000000000000			Amount of Each Disbursement this Period 6000.00
	Candidate Name		Category/ Type	Transaction ID : SB17.4987
	Office Sought: House Disbursement For. Senate President Other (s State: District:	K General		
c.	Full Name (Last, First, Middle Initial) Full House Printing & Graphics			Date of Disbursement
	Mailing Address 60 Newark St		10 07 Y Y Y Y 2014	
	Hoboken NJ 0	o Code 7030		Amount of Each Disbursement this Period
	Purpose of Disbursement Printed campaign materials Candidate Name			175.00 Transaction ID : SB17.4992
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	Туре	
s	UBTOTAL of Disbursements This Page (optional)			6179.20
т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summar	y of the ry Page	FOR LINE NUMBER: (check only one) PAGE 9 OF 20 X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) NICK FOR NEW YORK INC				
A.	Full Name (Last, First, Middle Initial) NYC Taxi				Date of Disbursement
	Mailing Address 24-55 BQE West				10 01 2014
	Woodside N	State NY	Zip Code 11377		Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi				24.00 Transaction ID : SB17.4978
	Candidate Name			Category/ Type	
	President	nent For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle Initial)				
В.	NYC Taxi			Date of Disbursement	
	Mailing Address 24-55 BQE West		10 02 2014		
	,	State NY	Zip Code 11377		Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi				11.50 Transaction ID : SB17.4979
	Candidate Name			Category/ Type	
	President	nent For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	NYC Taxi				Date of Disbursement
	Mailing Address 24-55 BQE West				M M / D D / Y Y Y Y 10 03 / 2014
	City State		p Code		Amount of Each Disbursement this Period
Woodside NY 11377 Purpose of Disbursement Transportation - Taxi V 11377			1377		8.50
Candidate Name			Category/ Type	Transaction ID : SB17.4980	
		nent For Primary Other (s	X General	1	
s	UBTOTAL of Disbursements This Page (optional)				44.00
Т	OTAL This Period (last page this line number only).				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	ntomonto	Use separate scl for each categor Detailed Summar	y of the ry Page	FOR LINE NUMBER: (check only one) PAGE 10 OF 20 X 17 18 19a 19b 20a 20b 20c 21
	NAME OF COMMITTEE (In Full)				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) NYC Taxi				Date of Disbursement
	Mailing Address 24-55 BQE West				10 04 2014
	City Woodside	State NY	Zip Code 11377		Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi				11.50 Transaction ID : SB17.4984
	Candidate Name			Category/ Type	
	Senate President	sement For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle Initial)				
В.	NYC Taxi			Date of Disbursement	
	Mailing Address 24-55 BQE West	10 07 2014			
	City Woodside	State NY	Zip Code 11377		Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi			· · ·	9.00 Transaction ID : SB17.5000
	Candidate Name			Category/ Type	
	Senate President	sement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	NYC Taxi				Date of Disbursement
	Mailing Address 24-55 BQE West				10 / Y Y Y Y 10 08 / 2014
	City Sta		ip Code		Amount of Each Disbursement this Period
Woodside NY 11377 Purpose of Disbursement Transportation - Taxi V 11377			1377		8.50
Candidate Name			Category/ Type	Transaction ID : SB17.5001	
	Office Sought: House Disbur Senate President State: District:	sement For Primary Other (s	X General		
s	UBTOTAL of Disbursements This Page (optiona	l)			29.00
т	OTAL This Period (last page this line number or	nly)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summa	y of the ry Page	FOR LINE NUMBER: (check only one) PAGE 11 OF 20 X 17 18 19a 19b 20a 20b 20c 21
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 24-55 BQE West				10 09 2014
	City Woodside	State NY	Zip Code 11377	1	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi				10.00 Transaction ID : SB17.5004
	Candidate Name			Category/ Type	
	Senate President	rsement For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle Initial)				
В.	NYC Taxi			Date of Disbursement	
	Mailing Address 24-55 BQE West				10 12 2014
	City Woodside	State NY	Zip Code 11377		Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation - Taxi				9.00 Transaction ID : SB17.5015
	Candidate Name			Category/ Type	
	Senate President	rsement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	NYC Taxi				Date of Disbursement
	Mailing Address 24-55 BQE West				M M / D D / Y Y Y Y 10 13 2014
	5		p Code		Amount of Each Disbursement this Period
	WoodsideNY11377Purpose of Disbursement Transportation - Taxi11377				5.50
Candidate Name			Category/ Type	Transaction ID : SB17.5018	
	Office Sought: House Disbu	rsement For Primary Other (s	X General	1	
s	SUBTOTAL of Disbursements This Page (optional	al)			24.50
т	OTAL This Period (last page this line number o	nly)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one) PAGE 12 OF 20 X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) NICK FOR NEW YORK INC			
Α.	Full Name (Last, First, Middle Initial) Time Warner Cable			Date of Disbursement
	Mailing Address 60 Columbus Circle City State	Zip Code		
	New York NY Purpose of Disbursement Ad buy NY	10023		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	Transaction ID : SB17.5019
	Office Sought: House Disbursement For Senate President Other (s	X General		
	State: District: Full Name (Last, First, Middle Initial)			
B.	Zazzle Mailing Address 965 High St	Date of Disbursement		
		10 01 2014		
	City State Palo Alto CA	Zip Code 93401		Amount of Each Disbursement this Period
	Purpose of Disbursement Business cards		101.84 Transaction ID : SB17.4976	
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For Senate Primary President Other (s	K General		
	Full Name (Last, First, Middle Initial)			
C.	Zazzle			
	Mailing Address 965 High St	dress 965 High St		
		p Code		Amount of Each Disbursement this Period
	Palo Alto CA 9 Purpose of Disbursement Posters	3401		37.26
	Candidate Name		Category/ Type	Transaction ID : SB17.4997
	Office Sought: House Disbursement For Senate President Other (s State: District:	K General	-	
s	UBTOTAL of Disbursements This Page (optional)			1839.10
	OTAL This Period (last page this line number only)			8181.05

			PAGE 13 OF 20		
SCHEDULE D (FEC Form 3)	(Use separate schedule(s)	FOR LINE NUMBER:			
DEBTS AND OBLIGATIONS	for each				
Excluding Loans		numbered line)	X 10		
NAME OF COMMITTEE (In Full)					
NICK FOR NEW YORI	K INC				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):		
NICHOLAS S DI IORIO		Transporta	tion - Jan DC trip		
Mailing Address 323 EAST 93RD STREET APT	4\\\/				
SZS EAST 95KD STREET AFT	400				
City State	Zip Code				
NEW YORK	NY 10128				
Outstanding Balance Beginning This Period		Transactio	on ID : SD10.4280		
26.00					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.00	26.00		
y y 0.00			7 7 7		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):		
NICHOLAS S DI IORIO		Transporta	Transportation - DC Metro		
Mailing Address 323 FAST 93RD STREET APT					
Maining Address 323 EAST 93RD STREET APT	4W				
City State	Zip Code				
NEW YORK	NY 10128				
Outstanding Balance Beginning This Period		Transactio	on ID : SD10.4340		
10.00					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.00	10.00		
, , , , , , , , , , , , , , , , , , , ,			y		
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):		
NICHOLAS S DI IORIO		Godaddy -	Domain registration 1		
Mailing Address 323 FAST 93RD STREET APT	4147				
Maining Address 323 EAST 93RD STREET APT	400				
City	State Zip Code				
NEW YORK	NY 10128				
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.4253		
30.71					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.00	30.71		
		· · · · · · ·	- y		
1) SUBTOTALS This Period This Page (optional)		····· ►	, 66.71		
2) TOTALS This Period (last page this line number	(only)				
2) TOTALS This Period (last page this line number	0111y)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page	only) 🗖	7 7 7		

				PAGE 14 OF 20								
SCHEDULE D (FEC Form 3)			(Use separate schedule(s)	FOR LINE NUMBER:								
DEBTS AND OBLIGATIONS			for each	(check only one) 9								
Excluding Loans			numbered line)	X 10								
NAME OF COMMITTEE (In Full)												
NICK FOR NEW YOR												
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): Domain registration 2								
Mailing Address 323 EAST 93RD STREET APT	4W											
City State	Zip Code	10100										
NEW YORK	NY	10128	Transactio	on ID : SD10.4254								
Outstanding Balance Beginning This Period 13.17			Tansactiv									
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period								
0.00		,	0.00	13.17								
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): tion - Jan DC trip								
Mailing Address 323 EAST 93RD STREET APT	4W											
City State NEW YORK	Zip Code NY	10128										
Outstanding Balance Beginning This Period 18.00			Transactio	on ID : SD10.4281								
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period								
0.00		(0.00	18.00								
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):								
NICHOLAS S DI IORIO			Office expe									
Mailing Address 323 EAST 93RD STREET APT	4W											
City	State	Zip Code										
NEW YORK	NY	10128										
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4344								
7.24												
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period								
0.00			0.00	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 on	у)	▶									
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) 🕨	y								

				PAGE 15 OF 20
SCHEDULE D (FEC Form 3)			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)	<			
NICK FOR NEW YOR	K INC			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): enses - Fax
NICHOLAS S DI IORIO			Once expe	enses - rax
Mailing Address 323 EAST 93RD STREET APT	4W			
City State NEW YORK	Zip Code NY	10128		
		10120	Transacti	on ID : SD10.4345
Outstanding Balance Beginning This Period			Tansacti	
6.96				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	6.96
	7	9		y y
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose): tion - Amtrak DC trip
NICHOLAS S DI IORIO			Transporta	
Mailing Address 323 EAST 93RD STREET APT	4W			
City State	Zip Code			
NEW YORK	NY	10128		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4258
			manouou	
84.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	84.00
		,		
C. Full Name (Last, First, Middle Initial) of Debto NICHOLAS S DI IORIO	or or Greditor			ebt (Purpose): ition - Peter Pan DC trip
NICHOLAS S DI IORIO				
Mailing Address 323 EAST 93RD STREET APT	4W			
City	State	Zip Code		
NEW YORK	NY	10128		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4263
20.00				
9 9 9 9 9 9	Dov	ment This Period	Outotoodi	ng Balance at Close of This Period
Amount Incurred This Period	Pay			
0.00			.00	20.00
1) SUBTOTALS This Period This Page (optional)			►	110.96
				, , , .
2) TOTALS This Period (last page this line number	⁻ only)		▶	7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nlv)		
		<i>,,</i>		, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	e line of Summa	ary Page (last page of	nly) 🕨	y

				PAGE 16 OF 20				
SCHEDULE D (FEC Form 3)			(Use separate schedule(s)	FOR LINE NUMBER:				
DEBTS AND OBLIGATIONS			for each	(check only one) 9				
Excluding Loans			numbered line)	X 10				
NAME OF COMMITTEE (In Full)								
NICK FOR NEW YORK								
A. Full Name (Last, First, Middle Initial) of Debtor NICHOLAS S DI IORIO	r or Creditor			ebt (Purpose): tion - Taxi fare DC				
Mailing Address 323 EAST 93RD STREET APT 4	W							
City State NEW YORK	Zip Code NY	10128						
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4275				
7.74								
Aurorat Income di This Deviced	D		O tata di					
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period				
0.00		0	.00	7.74				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):				
NICHOLAS S DI IORIO				tion - DC Taxi				
Mailing Address 323 EAST 93RD STREET APT 4	W							
City State	Zip Code							
NEW YORK	NY	10128						
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4342				
9.55								
y y y y y								
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period				
0.00		0	.00	9.55				
, , , , , , , , , , , , , , , , , , , ,	7			, ,				
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose): tion - DC Taxi				
NICHOLAS S DI IORIO			Tanoporta					
Mailing Address 323 EAST 93RD STREET APT 4	ŧW							
City	Ctata	Zin Codo						
City NEW YORK	State NY	Zip Code 10128						
Outstanding Balance Beginning This Period		10120	Transacti	ion ID : SD10.4343				
16.92								
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period				
0.00		ſ	0.00	16.92				
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7	7		7 7 7				
				34.21				
1) SUBTOTALS This Period This Page (optional)				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
2) TOTALS This Period (last page this line number	only)			7				
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page onl	y)	▶					
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page o	nly) 🕨	9 9 9 9 9				

CHEDULE D (FEC Form 3)			(Use separate	PAGE 17 OF 20
			schedule(s)	FOR LINE NUMBER:
EBTS AND OBLIGATIONS			for each	(check only one) 9
			numbered line)	X 10
JAME OF COMMITTEE (In Full) NICK FOR NEW YORI	K INC			
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor			ebt (Purpose): tion - Taxi fare DC
NICHOLAS S DI IORIO				
Mailing Address 323 EAST 93RD STREET APT	4W			
City State	Zip Code			
NEW YORK	NY	10128		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4276
11.23				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Perio
0.00		0	.00	11.25
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
NICHOLAS S DI IORIO				isiness cards
Mailing Address 323 EAST 93RD STREET APT	4W			
City State NEW YORK	Zip Code NY	10128		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4256
43.14				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Perio
0.00		0	.00	43.14
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D New Jerse	ebt (Purpose): v Transit
NICHOLAS S DI IORIO				, ridion
Mailing Address 323 EAST 93RD STREET APT	4W			
City	State	Zip Code		
NEW YORK	NY	10128		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4304
33.00				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Peric
0.00		0	.00	33.00
				87.39
) SUBTOTALS This Period This Page (optional)				7
TOTALS This Period (last page this line number				7 7 7
TOTAL OUTSTANDING LOANS from Schedule				<u> </u>
ADD 2) and 3) and carry forward to appropriate	e line of Summar	y rage (last page of	niy)	- y

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 18 OF 20 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full)	K INC		1	
A. Full Name (Last, First, Middle Initial) of Debto NICHOLAS S DI IORIO	r or Creditor		Nature of D Long Island	ebt (Purpose): d Railroad
Mailing Address 323 EAST 93RD STREET APT	4W			
City State NEW YORK	Zip Code NY	10128		
Outstanding Balance Beginning This Period 14.00			Transactio	on ID : SD10.4305
Amount Incurred This Period	Payn	nent This Period	Outstandii 0.00	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor NICHOLAS S DI IORIO	or Creditor			ebt (Purpose): isiness cards
Mailing Address 323 EAST 93RD STREET APT	4W			
City State NEW YORK	Zip Code NY	10128		
Outstanding Balance Beginning This Period 49.49			Transactio	on ID : SD10.4309
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	49.49
C. Full Name (Last, First, Middle Initial) of Debto NICHOLAS S DI IORIO	or or Creditor		Nature of D Long Island	ebt (Purpose): d Railroad
Mailing Address 323 EAST 93RD STREET APT	4W			
City NEW YORK	State NY	Zip Code 10128		
Outstanding Balance Beginning This Period 11.00			Transact	ion ID : SD10.4310
Amount Incurred This Period	Payn	nent This Period	Outstandii	ng Balance at Close of This Period 11.00
1) SUBTOTALS This Period This Page (optional)				74.49
2) TOTALS This Period (last page this line number	only)		▶	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	▶	
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page c	only) 🕨	

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SC	HEDULE D	(F	EC Fo	orm 3	3)		
DE	EBTS AND (OBL	IGATI	ONS			
Ex	cluding Loans	;					
	AME OF COMMIT	`	,				
1	NICK FC)R	NE\	ΝY	′OF	RK	INC
	A. Full Name (L NICHOLA		-		l) of De	btor or	Credito
	Mailing Address	323	EAST 93	RD STF	REET AI	PT 4W	
	City Sta	nto					Zin Cor

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 NEW YORK	Zip Code NY	10128		
Outstanding Balance Beginning This Period 7.00				Transaction ID : SD10.4319
Amount Incurred This Period	Paym		0.00	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor NICHOLAS S DI IORIO	r or Creditor			Nature of Debt (Purpose): Transportation - Peter Pan DC trip
Mailing Address 323 EAST 93RD STREET APT	4W			
City State NEW YORK	Zip Code NY	10128		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4315
24.00				
Amount Incurred This Period	Paym	ent This Period		Outstanding Balance at Close of This Period
0.00			0.00	24.00
C. Full Name (Last, First, Middle Initial) of Debto NICHOLAS S DI IORIO	or or Creditor			Nature of Debt (Purpose): Transportation - Peter Pan DC trip
Mailing Address 323 EAST 93RD STREET APT	4W			
City NEW YORK	State NY	Zip Code 10128		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4316
31.00				
Amount Incurred This Period	Paym	ent This Period		Outstanding Balance at Close of This Period
0.00			0.00	31.00
SUBTOTALS This Period This Page (optional)			►	62.00
TOTALS This Period (last page this line number	only)		►	

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

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

FEC Schedule D (Form 3) (Revised 02/2003)

19 OF

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

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Image# 14951693149	
SCHEDULE D	(FEC Form 3)
DEBTS AND O	BLIGATIONS
Excluding Loans	
NAME OF COMMITTE	EE (In Full)

L

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 4	4W		
City State NEW YORK	Zip Code NY	10128	
Outstanding Balance Beginning This Period 25.50			Transaction ID : SD10.4341
Amount Incurred This Period 0.00	Payn	nent This Period 0.00	Outstanding Balance at Close of This Period 25.50
B. Full Name (Last, First, Middle Initial) of Debtor NICHOLAS S DI IORIO Mailing Address 323 EAST 93RD STREET APT 4			Nature of Debt (Purpose): Long Island Railroad
City State NEW YORK	Zip Code NY	10128	
Outstanding Balance Beginning This Period 9.50			Transaction ID : SD10.4317
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period

0.00			0.00	9.50
C. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose):			
NICHOLAS S DI IORIO	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	P	ayment This Period	0.00	Outstanding Balance at Close of This Period 7.00

1) SUBTOTALS This Period This Page (optional)	►	_	7			7		42.00	
2) TOTALS This Period (last page this line number only)	•	_	7			7		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)		_	-7	_	_	7	_	516.17	

FEC Schedule D (Form 3) (Revised 02/2003)