

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

NICK FOR NEW YORK INC

ADDRESS (number and street)

323 EAST 93RD STREET SUITE 4W

Check if different than previously reported. (ACC)

NEW YORK

NY

10128

2. **FEC IDENTIFICATION NUMBER** ▼

C C00556290

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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

07 / 07 / 2014

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

Office Use Only										
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NICK FOR NEW YORK INC

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 05 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17440.00	41175.00
(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)).....	17440.00	40975.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12062.87	33524.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	16.83	23.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12046.04	33500.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7474.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3476.92	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

NICK FOR NEW YORK INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17300.00	37725.00
(ii) Unitemized.....	140.00	3250.00
(iii) TOTAL of contributions from individuals ▶	17440.00	40975.00
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17440.00	41175.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	16.83	23.88
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)..... ▶	17456.83	41198.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12062.87	33524.43
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) ▶	12062.87	33724.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2080.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17456.83
25. SUBTOTAL (add Line 23 and Line 24).....	19537.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12062.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7474.45

**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 30
	<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)
Kenneth Abramowitz

Mailing Address P.O. Box 958

City Southport State CT Zip Code 06890

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

Name of Employer NGN Capital Occupation Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
 1500.00

Campaign donation - primary

B. Full Name (Last, First, Middle Initial)
John K Castle

Mailing Address 150 East 58th Street

City New York State NY Zip Code 10155

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

Name of Employer Castle Harlan, Inc. Occupation Merchant Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
 1000.00

Campaign donation - primary

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

Mailing Address 10 Logan Drive

City Califon State NJ Zip Code 07830

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

Name of Employer Coughlin Duffy LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
 1500.00

Campaign donation

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

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

4000.00

**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 6 OF 30
	<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 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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period
 500.00

Campaign donation - primary

B. Full Name (Last, First, Middle Initial)
Kenneth B Gilman

Mailing Address 257 W 86th Street
Apt 7A

City New York State NY Zip Code 10024

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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
 1000.00

Campaign donation - primary

C. Full Name (Last, First, Middle Initial)
Joseph J Grano Jr

Mailing Address PO Box 583

City New Vernon State NJ Zip Code 07976

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

Name of Employer Centurion Holdings LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.4613

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).....

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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 C Hein

Mailing Address 101 Central Park West
Apt 14E

City New York State NY Zip Code 10023

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

Name of Employer Wachtell Lipton 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
 06 / 12 / 2014

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

B. Full Name (Last, First, Middle Initial)
Sylvia Hemingway

Mailing Address 1030 Fifth Ave

City New York State NY Zip Code 10028

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

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

Mailing Address 745 Fifth Ave

City New York State NY Zip Code 10151

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

Name of Employer Self Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
1000.00

Campaign donation

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

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

3000.00

**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 30
	<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)
Michael J Leffell

Mailing Address 35 Sheldrake Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Portage Advisors LLC Occupation Investments

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
2600.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
A E Major

Mailing Address 135 East 38th Street

City New York State NY Zip Code 10016

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

Name of Employer Self-employed 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
 06 / 10 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

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

Mailing Address 12 Colonial Lane

City Riverside State CT Zip Code 06878

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

Name of Employer Sidney Austin LLP Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

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

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

4600.00

**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 30
	<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)
Steven Schleider

Mailing Address 401 East 74th Street

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Metropolitan Valuation Services Real Estate

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
 06 / 10 / 2014

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

B. Full Name (Last, First, Middle Initial)
John Simon

Mailing Address 157 Village Rd

City State Zip Code
Green Village NJ 07936

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

Name of Employer Occupation
William E. Simon & Sons Investment Manager

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
 06 / 24 / 2014

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
1000.00

Campaign donation - primary

C. Full Name (Last, First, Middle Initial)
Michael S Smith

Mailing Address 401 East 60th Street
Apt 28A

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Starr Insurance Holdings Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
500.00

Campaign donation - primary

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

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

2500.00

**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 30
	<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) Robert F Stein		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 235 East 93rd Street		Transaction ID : SA11AI.4594
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 Campaign donation - primary
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Jason DeSena Trennert		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 22 East 88th Street Apt 12F		Transaction ID : SA11AI.4546
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Campaign donation - primary
Name of Employer Strategas Research Partners	Occupation Managing Partner	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Thomas E Workman		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 401 East 60th Street Apt 26B		Transaction ID : SA11AI.4598
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Campaign donation - primary
Name of Employer Life Ins Council of NY	Occupation Trade Org Executive	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	17300.00

**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 11 OF 30			
	<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 06 / 10 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4549
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input 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 06 / 13 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4558
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input 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 06 / 18 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4559
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	98.40
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 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 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 : SB17.4560
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4561
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4562
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)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	117.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 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 : SB17.4586
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 06 / 25 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 101.70
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Transaction ID : SB17.4587
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 06 / 25 / 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 : SB17.4588
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).....	162.75
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 14 OF 30	
	<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. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4551
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4574
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Joseph L Dillon		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period 3885.00 Transaction ID : SB17.4585
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor salary + incentive 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).....	6385.00
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 15 OF 30	
	<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. Fairway Market		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 240 East 86th St		Amount of Each Disbursement this Period 80.74
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Food for 6/25 Fundraiser	Transaction ID : SB17.4577
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. Friars Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 57 East 55th St		Amount of Each Disbursement this Period 4044.50
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Event booking fee	Transaction ID : SB17.4565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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. Metropolitan Republican Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 122 East 83rd St		Amount of Each Disbursement this Period 300.00
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Rental cost for fundraiser - 1038	Transaction ID : SB17.4580
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).....	4425.24
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 16 OF 30	
	<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 06 / 16 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 101.84 Transaction ID : SB17.4619
City Palo Alto State CA Zip Code 93401	Purpose of Disbursement Business cards	
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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 965 High St		Amount of Each Disbursement this Period 339.60 Transaction ID : SB17.4593
City Palo Alto State CA Zip Code 93401	Purpose of Disbursement Palm cards, t-shirts	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	441.44
TOTAL This Period (last page this line number only).....	11630.73

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 18 OF 30
	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 0.00	Outstanding Balance at Close of This Period 338.00

1) SUBTOTALS This Period This Page (optional)	369.17
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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 19 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	364.20
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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):
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

155.00

Transaction ID : SD10.4245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.00

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

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

259.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 30
	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):
Photography for media materials

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4237

800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

800.00

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4276

11.25

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

11.25

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

Nature of Debt (Purpose):
Zazzle - Business cards

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

Transaction ID : SD10.4246

51.78

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

51.78

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

863.03

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	328.72
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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 24 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

Outstanding Balance Beginning This Period 33.00	Transaction ID : SD10.4304	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33.00

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

Outstanding Balance Beginning This Period 14.00	Transaction ID : SD10.4305	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.00

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

Outstanding Balance Beginning This Period 49.49	Transaction ID : SD10.4309	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49.49

1) SUBTOTALS This Period This Page (optional)	96.49
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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

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

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

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

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) ▶
- 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) ▶

42.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

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 **Transaction ID : SD10.4316**

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):
 Office expenses - Mailing FEC form

Outstanding Balance Beginning This Period **Transaction ID : SD10.4341**

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):
 Long Island Railroad

Outstanding Balance Beginning This Period **Transaction ID : SD10.4317**

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="66.00"/>
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):
Long Island Railroad

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code
NEW YORK NY 10128

Outstanding Balance Beginning This Period

7.00

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

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

Nature of Debt (Purpose):
Zazzle - Palm cards

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

114.00

Transaction ID : SD10.4302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

114.00

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

Nature of Debt (Purpose):
Zazzle - Black membership

Mailing Address 35 River Drive South
410

City State Zip Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

39.95

Transaction ID : SD10.4303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39.95

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

160.95

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

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

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 28 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

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	
<input type="text" value="37.00"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	Outstanding Balance at Close of This Period	<input type="text" value="37.00"/>

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

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	
<input type="text" value="95.00"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	Outstanding Balance at Close of This Period	<input type="text" value="95.00"/>

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

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	
<input type="text" value="95.00"/>	Amount Incurred This Period	Payment This Period
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	Outstanding Balance at Close of This Period	<input type="text" value="95.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="227.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
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)	PAGE 29 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

Outstanding Balance Beginning This Period <input type="text" value="166.95"/>	Transaction ID : SD10.4312	
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="166.95"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.21"/>	Transaction ID : SD10.4311	
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="25.21"/>

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

Outstanding Balance Beginning This Period <input type="text" value="59.97"/>	Transaction ID : SD10.4313	
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="59.97"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="252.13"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
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)	PAGE 30 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

NICK FOR NEW YORK INC

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.4314	
<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="0.00"/>	<input type="text" value="175.00"/>

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

Outstanding Balance Beginning This Period	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="0.00"/>	<input type="text" value="50.60"/>

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

Outstanding Balance Beginning This Period	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="0.00"/>	<input type="text" value="121.71"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="347.31"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="3476.92"/>
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="3476.92"/>