

# 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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 /

2014

in the State of

NY

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 /

2014

through

M M / D D / Y Y Y Y

11 / 24 /

2014

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

Type or Print Name of Treasurer Joseph P Shippee

Signature of Treasurer Joseph P Shippee

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 02 /

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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**NICK FOR NEW YORK INC**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	5945.00	83693.42
(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)).....	5945.00	83493.42
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	11539.55	81042.69
(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)).....	11539.55	80968.81
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1349.77	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

NICK FOR NEW YORK INC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)  through 11 / 24 / 2014 (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
4850.00	76228.42	0.00
(ii) Unitemized		
1095.00	7015.00	0.00
(iii) Total of contributions from individuals		
5945.00	83243.42	0.00
(b) Political Party Committees		
0.00	350.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	100.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
5945.00	83693.42	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	73.88	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5945.00	83767.30	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

**NICK FOR NEW YORK INC**

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="11539.55"/>	<input type="text" value="81042.69"/>	<input type="text" value="1174.84"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="200.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	200.00	0.00
------	--------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

11539.55	81242.69	1174.84
----------	----------	---------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

5945.00	83493.42	0.00
---------	----------	------

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

11539.55	80968.81	1174.84
----------	----------	---------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6944.32
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	5945.00
25. SUBTOTAL (add Line 23 and Line 24).....	12889.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11539.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1349.77

**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 48
	<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)  
**Mark Coles**

Mailing Address 325 East 41st Street

City New York State NY Zip Code 10017

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

Name of Employer Eco Power Solutions Occupation Corporate Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.5098**

Amount of Each Receipt this Period  
500.00

Campaign donation

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn Dengler**

Mailing Address 2758 Morris Ave

City Bronx State NY Zip Code 10468

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

Name of Employer Self Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.5073**

Amount of Each Receipt this Period  
500.00

Campaign donation

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Durkin**

Mailing Address 132 East 72nd Street

City New York State NY Zip Code 10021

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

Name of Employer Barclays Occupation Managing Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.5102**

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).....

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 8 OF 48
	<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)  
**James W Gerard**

Mailing Address 515 East 72nd Street

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
North Sea Partners Investment Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.5042**

Amount of Each Receipt this Period  
1000.00

Campaign donation

**B.** Full Name (Last, First, Middle Initial)  
**Robert F Stein**

Mailing Address 235 East 93rd Street

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.5079**

Amount of Each Receipt this Period  
100.00

Campaign donation

**C.** Full Name (Last, First, Middle Initial)  
**Jason DeSena Trennert**

Mailing Address 22 East 88th Street  
Apt 12F

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Strategas Research Partners Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.5039**

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).....

2100.00



**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 48
	<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)  
**Christopher Wight**

Mailing Address 1230 Park Ave  
Apt 3B

City New York State NY Zip Code 10128

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

Name of Employer Via Media Energy, LLC Occupation Chief Operating Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.5075**

Amount of Each Receipt this Period  
250.00

Campaign donation

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

4850.00

**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 10 OF 48	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 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		<b>Transaction ID : SB17.5128</b>
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>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		<b>Transaction ID : SB17.5155</b>
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>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		<b>Transaction ID : SB17.5156</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48			
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 <b>Transaction ID : SB17.5157</b>
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 0.69 <b>Transaction ID : SB17.5150</b>
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 <b>Transaction ID : SB17.5151</b>
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.09
<b>TOTAL</b> 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 48	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		<b>Transaction ID : SB17.5152</b>
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>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		<b>Transaction ID : SB17.5153</b>
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>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 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		<b>Transaction ID : SB17.5154</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.70
<b>TOTAL</b> 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 48			
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 0.69
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee	Category/Type	Transaction ID : SB17.5162
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>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 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	Category/Type	Transaction ID : SB17.5163
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>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee	Category/Type	Transaction ID : SB17.5216
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.19
<b>TOTAL</b> 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 48	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 80.85 <b>Transaction ID : SB17.5217</b>
City Baton Rouge State LA Zip Code 70808	Category/Type	
Purpose of Disbursement Credit Card Donation Processor Fee		
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>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25 <b>Transaction ID : SB17.5218</b>
City Baton Rouge State LA Zip Code 70808	Category/Type	
Purpose of Disbursement Credit Card Donation Processor Fee		
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>c. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 58.80 <b>Transaction ID : SB17.5219</b>
City Baton Rouge State LA Zip Code 70808	Category/Type	
Purpose of Disbursement Credit Card Donation Processor Fee		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.85
<b>TOTAL</b> 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 48	
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 1.27 <b>Transaction ID : SB17.5220</b>
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 <b>Transaction ID : SB17.5221</b>
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Credit Card Donation Processor Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.5054</b>
City NEW YORK	State NY Zip Code 10128	
Purpose of Disbursement Transportation - Peter Pan DC Trip		Category/ Type
Candidate Name		
Office Sought: <input checked="" 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: NY District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.47
<b>TOTAL</b> 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 48			
	<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) <b>A. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 7.74 <b>Transaction ID : SB17.5057</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - Taxi fare DC	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 9.55 <b>Transaction ID : SB17.5058</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - DC Taxi	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 16.92 <b>Transaction ID : SB17.5059</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - DC Taxi	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.21
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48			
	<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) <b>A. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : SB17.5060</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - Taxi fare DC	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 43.14 <b>Transaction ID : SB17.5061</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Zazzle - Business cards	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 33.00 <b>Transaction ID : SB17.5062</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement New Jersey Transit	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 48	
	<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) <b>A. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.5063</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Long Island Railroad	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 12		

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 49.49 <b>Transaction ID : SB17.5064</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Zazzle - Business cards	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 12		

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 11.00 <b>Transaction ID : SB17.5065</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Long Island Railroad	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 48			
	<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) <b>A. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.5066</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Long Island Railroad	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 24.00 <b>Transaction ID : SB17.5067</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - Peter Pan DC trip	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 31.00 <b>Transaction ID : SB17.5068</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Transportation - Peter Pan DC Trip	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48			
	<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) <b>A. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 25.50 <b>Transaction ID : SB17.5069</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Office expenses - Mailing FEC form	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 12		

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 9.50 <b>Transaction ID : SB17.5070</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Long Island Railroad	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 12		

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS S DI IORIO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 323 EAST 93RD STREET APT 4W		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : SB17.5071</b>
City NEW YORK State NY Zip Code 10128	Purpose of Disbursement Long Island Railroad	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 48	
	<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) <b>A. Joseph L Dillon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address 921 Palmer Road		Amount of Each Disbursement this Period <b>260.00</b> <b>Transaction ID : SB17.5223</b>
City Bronxville	State NY	
Zip Code 10708	Purpose of Disbursement Campaign advisor fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period <b>256.70</b> <b>Transaction ID : SB17.5148</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period <b>310.88</b> <b>Transaction ID : SB17.5178</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>827.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 48	
	<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) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 28.91
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	<b>Transaction ID : SB17.5185</b>
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>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 396.24
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	<b>Transaction ID : SB17.5204</b>
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>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 384.67
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Facebook	<b>Transaction ID : SB17.5206</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	809.82
<b>TOTAL</b> 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)  
 17     18     19a     19b  
 20a     20b     20c     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) <b>A. Full House Printing &amp; Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>	
Mailing Address 60 Newark St		Amount of Each Disbursement this Period <b>175.00</b> <b>Transaction ID : SB17.5108</b>	
City Hoboken	State NJ		Zip Code 07030
Purpose of Disbursement Printed campaign materials	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Full House Printing &amp; Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>	
Mailing Address 60 Newark St		Amount of Each Disbursement this Period <b>588.50</b> <b>Transaction ID : SB17.5131</b>	
City Hoboken	State NJ		Zip Code 07030
Purpose of Disbursement Printed campaign materials	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>	
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period <b>7.00</b> <b>Transaction ID : SB17.5107</b>	
City Woodside	State NY		Zip Code 11377
Purpose of Disbursement Transportation - Taxi	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>770.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 48	
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.10 <b>Transaction ID : SB17.5111</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.5112</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50 <b>Transaction ID : SB17.5113</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.50
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought:	House Senate 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>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought:	House Senate 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>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 27.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.5122
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>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.00
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.5125
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>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Transaction ID : SB17.5129
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 12.50 <b>Transaction ID : SB17.5130</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.00 <b>Transaction ID : SB17.5132</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 13.50 <b>Transaction ID : SB17.5133</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 13.50
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 17.00
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 17.50
City Woodside	State NY	
Zip Code 11377		
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50
City Woodside	State NY Zip Code 11377	
Purpose of Disbursement Transportation - Taxi	Candidate Name	Transaction ID : SB17.5140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.50
City Woodside	State NY Zip Code 11377	
Purpose of Disbursement Transportation - Taxi	Candidate Name	Transaction ID : SB17.5141
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.00
City Woodside	State NY Zip Code 11377	
Purpose of Disbursement Transportation - Taxi	Candidate Name	Transaction ID : SB17.5144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 48	
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 7.50 <b>Transaction ID : SB17.5145</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 9.50 <b>Transaction ID : SB17.5149</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 6.50 <b>Transaction ID : SB17.5158</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : SB17.5161</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 14.50 <b>Transaction ID : SB17.5164</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 14.50 <b>Transaction ID : SB17.5165</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.50 <b>Transaction ID : SB17.5168</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 19.50 <b>Transaction ID : SB17.5171</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 22.50 <b>Transaction ID : SB17.5172</b>
City Woodside State NY Zip Code 11377	Purpose of Disbursement Transportation - Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48		
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 20.50 <b>Transaction ID : SB17.5173</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 8.50 <b>Transaction ID : SB17.5175</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.50 <b>Transaction ID : SB17.5176</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50 <b>Transaction ID : SB17.5177</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.5179</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.5181</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.50 <b>Transaction ID : SB17.5184</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.5186</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 14.50 <b>Transaction ID : SB17.5187</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50 <b>Transaction ID : SB17.5188</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 7.50 <b>Transaction ID : SB17.5189</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.00 <b>Transaction ID : SB17.5195</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 48	
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.00 <b>Transaction ID : SB17.5196</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 10.50 <b>Transaction ID : SB17.5197</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 11.50 <b>Transaction ID : SB17.5198</b>
City Woodside	State NY	
Zip Code 11377	Purpose of Disbursement Transportation - Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48			
	<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) <b>A. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 17.50 <b>Transaction ID : SB17.5201</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.5202</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 24-55 BQE West		Amount of Each Disbursement this Period 29.50 <b>Transaction ID : SB17.5205</b>
City Woodside	State NY	
Purpose of Disbursement Transportation - Taxi		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48			
	<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) <b>A. Queens Courier</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 38-15 Bell Blvd			Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.5170</b>
City Bayside	State NY	Zip Code 11361	
Purpose of Disbursement Advertising		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Residence Inn by Marriott</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1033 Avenue of the Americas			Amount of Each Disbursement this Period 416.56 <b>Transaction ID : SB17.5214</b>
City New York	State NY	Zip Code 10018	
Purpose of Disbursement Campaign event		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Straus News</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 20 West Avenue			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.5114</b>
City Chester	State NY	Zip Code 10918	
Purpose of Disbursement Email ad		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1666.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 48	
	<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) <b>A. Straus News</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 20 West Avenue		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.5199</b>
City Chester	State NY	
Zip Code 10918	Purpose of Disbursement Email ad	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 60 Columbus Circle		Amount of Each Disbursement this Period 2167.50 <b>Transaction ID : SB17.5137</b>
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Ad buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 60 Columbus Circle		Amount of Each Disbursement this Period 2125.00 <b>Transaction ID : SB17.5174</b>
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Ad buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5092.50
<b>TOTAL</b> This Period (last page this line number only).....	10279.15



**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 Payment This Period Outstanding Balance at Close of This Period  
0.00 26.00 0.00

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 Payment This Period Outstanding Balance at Close of This Period  
0.00 10.00 0.00

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 Payment This Period Outstanding Balance at Close of This Period  
0.00 30.71 0.00

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

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

Nature of Debt (Purpose):  
Godaddy - Domain registration 2

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Outstanding Balance Beginning This Period

13.17

Transaction ID : SD10.4254

Amount Incurred This Period

0.00

Payment This Period

13.17

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
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

18.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
Office expenses - fax

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Outstanding Balance Beginning This Period

7.24

Transaction ID : SD10.4344

Amount Incurred This Period

0.00

Payment This Period

7.24

Outstanding Balance at Close of This Period

0.00

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

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

Nature of Debt (Purpose):  
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

6.96

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
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

84.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
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

20.00

Outstanding Balance at Close of This Period

0.00

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

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Outstanding Balance Beginning This Period

7.74

Transaction ID : SD10.4275

Amount Incurred This Period

0.00

Payment This Period

7.74

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
Transportation - DC Taxi

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Outstanding Balance Beginning This Period

9.55

Transaction ID : SD10.4342

Amount Incurred This Period

0.00

Payment This Period

9.55

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
Transportation - DC Taxi

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Outstanding Balance Beginning This Period

16.92

Transaction ID : SD10.4343

Amount Incurred This Period

0.00

Payment This Period

16.92

Outstanding Balance at Close of This Period

0.00

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

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

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

Outstanding Balance Beginning This Period **11.25** Transaction ID : SD10.4276

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

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
Zazzle - Business cards

Outstanding Balance Beginning This Period **43.14** Transaction ID : SD10.4256

Amount Incurred This Period 0.00 Payment This Period 43.14 Outstanding Balance at Close of This Period 0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
New Jersey Transit

Outstanding Balance Beginning This Period **33.00** Transaction ID : SD10.4304

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

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
Long Island Railroad

Outstanding Balance Beginning This Period **Transaction ID : SD10.4305**  
14.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 14.00 0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
Zazzle - Business cards

Outstanding Balance Beginning This Period **Transaction ID : SD10.4309**  
49.49

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 49.49 0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
Long Island Railroad

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 47 OF 48
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**NICK FOR NEW YORK INC**

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

Nature of Debt (Purpose):  
Long Island Railroad

Outstanding Balance Beginning This Period 7.00	<b>Transaction ID : SD10.4319</b>	
Amount Incurred This Period 0.00	Payment This Period 7.00	Outstanding Balance at Close of This Period 0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

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

Outstanding Balance Beginning This Period 24.00	<b>Transaction ID : SD10.4315</b>	
Amount Incurred This Period 0.00	Payment This Period 24.00	Outstanding Balance at Close of This Period 0.00

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

Mailing Address 323 EAST 93RD STREET APT 4W

City State Zip Code  
NEW YORK NY 10128

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

Outstanding Balance Beginning This Period 31.00	<b>Transaction ID : SD10.4316</b>	
Amount Incurred This Period 0.00	Payment This Period 31.00	Outstanding Balance at Close of This Period 0.00

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

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

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

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

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

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

Outstanding Balance Beginning This Period 9.50	<b>Transaction ID : SD10.4317</b>	
Amount Incurred This Period 0.00	Payment This Period 9.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NICHOLAS S DI IORIO</b>	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	<b>Transaction ID : SD10.4318</b>	
Amount Incurred This Period 0.00	Payment This Period 7.00	Outstanding Balance at Close of This Period 0.00

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