

Image# 202603109837934042

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Malliotakis, Nicole, , ,		2. Candidate's FEC Identification Number HONY11078
(b) Address (number and street) <input type="checkbox"/> Check if address changed 36 Trent Street		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Staten Island NY 10308		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 11

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) NICOLE FOR NEW YORK		
(b) Address (number and street) PO BOX 60487		
(c) City, State, and ZIP Code STATEN ISLAND NY 10306		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Malliotakis Victory Committee		
(b) Address (number and street) PO Box 68		
(c) City, State, and ZIP Code South Salem NY 10590		

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

Signature of Candidate <i>Malliotakis, Nicole, , Ms,</i>	Date 03/10/2026
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GOP WINNING WOMEN

(b) Address (number and street)

228 S. WASHINGTON ST.
STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CARLOS AND NICOLE VICTORY COMMITTEE

(b) Address (number and street)

228 S. WASHINGTON ST.
STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

WOMEN BUILD THE FUTURE

(b) Address (number and street)

228 S WASHINGTON ST
STE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

HISPANIC LEADERSHIP TRUST PARTNERSHIP

(b) Address (number and street)

PO BOX 341027

(c) City, State, and ZIP Code

AUSTIN TX 78734

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(a) Name of Committee (in full)

LEXINGTON VICTORY COMMITTEE

(b) Address (number and street)

824 S. MILLEDGE AVE
STE 101

(c) City, State, and ZIP Code

ATHENS GA 30605

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GROW THE MAJORITY NY

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

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(a) Name of Committee (in full)

PROTECT THE HOUSE NEW YORK 2024

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA MD 20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CAREY LAHOOD FITZPATRICK MALLIOTAKIS (CLFM) VICTORY FUND

(b) Address (number and street)

PO BOX 26141

(c) City, State, and ZIP Code

ALEXANDRIA VA 22313

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(a) Name of Committee (in full)

AMERICAN BATTLEGROUND FUND

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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(b) Address (number and street)

(c) City, State, and ZIP Code

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