

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Nicole For New York																															
ADDRESS (number and street) PO Box 68																															
CITY South Salem		STATE NY		ZIP CODE 10590																											
2. NAME OF CANDIDATE Malliotakis, Nicole, , ,			3. OFFICE SOUGHT (State and District) House NY 11																												
4. FEC IDENTIFICATION NUMBER C00694778																															
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Alba, Claudio, , , </td> <td colspan="2"> Name of Employer Bida Building Group LLC </td> <td colspan="2"> Date (month, day, year) 11/01/2022 </td> <td colspan="2"> Amount 1200.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 6 Timp Brook Road </td> <td colspan="2"> Transaction ID : F65-3883932 </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> CITY Stony Point </td> <td> STATE NY </td> <td> ZIP CODE 10980 </td> <td colspan="2"> Occupation Executive </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					A. FULL NAME Alba, Claudio, , ,			Name of Employer Bida Building Group LLC		Date (month, day, year) 11/01/2022		Amount 1200.00		MAILING ADDRESS 6 Timp Brook Road			Transaction ID : F65-3883932						CITY Stony Point	STATE NY	ZIP CODE 10980	Occupation Executive					
A. FULL NAME Alba, Claudio, , ,			Name of Employer Bida Building Group LLC		Date (month, day, year) 11/01/2022		Amount 1200.00																								
MAILING ADDRESS 6 Timp Brook Road			Transaction ID : F65-3883932																												
CITY Stony Point	STATE NY	ZIP CODE 10980	Occupation Executive																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME American Hospital Association PAC </td> <td colspan="2"> Name of Employer </td> <td colspan="2"> Date (month, day, year) 11/01/2022 </td> <td colspan="2"> Amount 5000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 800 Tenth Street, NW Two Citycenter, Suite 400 </td> <td colspan="2"> Transaction ID : F65-3883926 </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> CITY Washington </td> <td> STATE DC </td> <td> ZIP CODE 20001-4956 </td> <td colspan="2"> Occupation </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					B. FULL NAME American Hospital Association PAC			Name of Employer		Date (month, day, year) 11/01/2022		Amount 5000.00		MAILING ADDRESS 800 Tenth Street, NW Two Citycenter, Suite 400			Transaction ID : F65-3883926						CITY Washington	STATE DC	ZIP CODE 20001-4956	Occupation					
B. FULL NAME American Hospital Association PAC			Name of Employer		Date (month, day, year) 11/01/2022		Amount 5000.00																								
MAILING ADDRESS 800 Tenth Street, NW Two Citycenter, Suite 400			Transaction ID : F65-3883926																												
CITY Washington	STATE DC	ZIP CODE 20001-4956	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME American Staffing Association Staffing PAC </td> <td colspan="2"> Name of Employer </td> <td colspan="2"> Date (month, day, year) 11/01/2022 </td> <td colspan="2"> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 277 S. Washington St., Suite 200 </td> <td colspan="2"> Transaction ID : F65-3883925 </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> CITY Alexandria </td> <td> STATE VA </td> <td> ZIP CODE 22314 </td> <td colspan="2"> Occupation </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					C. FULL NAME American Staffing Association Staffing PAC			Name of Employer		Date (month, day, year) 11/01/2022		Amount 2500.00		MAILING ADDRESS 277 S. Washington St., Suite 200			Transaction ID : F65-3883925						CITY Alexandria	STATE VA	ZIP CODE 22314	Occupation					
C. FULL NAME American Staffing Association Staffing PAC			Name of Employer		Date (month, day, year) 11/01/2022		Amount 2500.00																								
MAILING ADDRESS 277 S. Washington St., Suite 200			Transaction ID : F65-3883925																												
CITY Alexandria	STATE VA	ZIP CODE 22314	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME Duka, Alida, , , </td> <td colspan="2"> Name of Employer Self </td> <td colspan="2"> Date (month, day, year) 11/01/2022 </td> <td colspan="2"> Amount 1500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 326 Doane Avenue </td> <td colspan="2"> Transaction ID : F65-3883931 </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> CITY Staten Island </td> <td> STATE NY </td> <td> ZIP CODE 10308 </td> <td colspan="2"> Occupation Avalon Construction </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					D. FULL NAME Duka, Alida, , ,			Name of Employer Self		Date (month, day, year) 11/01/2022		Amount 1500.00		MAILING ADDRESS 326 Doane Avenue			Transaction ID : F65-3883931						CITY Staten Island	STATE NY	ZIP CODE 10308	Occupation Avalon Construction					
D. FULL NAME Duka, Alida, , ,			Name of Employer Self		Date (month, day, year) 11/01/2022		Amount 1500.00																								
MAILING ADDRESS 326 Doane Avenue			Transaction ID : F65-3883931																												
CITY Staten Island	STATE NY	ZIP CODE 10308	Occupation Avalon Construction																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME Caushi, Fatmir, , , </td> <td colspan="2"> Name of Employer Cielo Restaurant </td> <td colspan="2"> Date (month, day, year) 11/01/2022 </td> <td colspan="2"> Amount 2000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 97 Pouch Terrace </td> <td colspan="2"> Transaction ID : F65-3894341 </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> CITY Staten Island </td> <td> STATE NY </td> <td> ZIP CODE 10305 </td> <td colspan="2"> Occupation Owner </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					E. FULL NAME Caushi, Fatmir, , ,			Name of Employer Cielo Restaurant		Date (month, day, year) 11/01/2022		Amount 2000.00		MAILING ADDRESS 97 Pouch Terrace			Transaction ID : F65-3894341						CITY Staten Island	STATE NY	ZIP CODE 10305	Occupation Owner					
E. FULL NAME Caushi, Fatmir, , ,			Name of Employer Cielo Restaurant		Date (month, day, year) 11/01/2022		Amount 2000.00																								
MAILING ADDRESS 97 Pouch Terrace			Transaction ID : F65-3894341																												
CITY Staten Island	STATE NY	ZIP CODE 10305	Occupation Owner																												
SIGNATURE (optional) Schwartz, Laura, A, ,																															
[Electronically Filed]				DATE 11/03/2022																											
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																															

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Nicole For New York			
ADDRESS (number and street) PO Box 68			
CITY, STATE, and ZIP CODE South Salem NY 10590			
2. NAME OF CANDIDATE Malliotakis, Nicole, , ,		3. OFFICE SOUGHT (State and District) House NY 11	
4. FEC IDENTIFICATION NUMBER C00694778		continuation page	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Pjetrovic, Ilka, , , 7098 Amboy Road Staten Island NY 10307	None Transaction ID : F65-3894342 Occupation None	11/01/2022	2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Pjetrovic, Nedzad, , , 50 Sutton Place South Apt. 1B New York NY 10022	Name of Employer 50 Sutton Place Transaction ID : F65-3894343 Occupation Building Manager	11/01/2022	2900.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Mila, Mirsad, , , 3761d Victory Boulevard Staten Island NY 10314	Name of Employer Premier Kitchens & Moldings Transaction ID : F65-3883933 Occupation Owner	11/01/2022	1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE National Fuel Gas Company Federal Political Action Committee 6363 Main Street Williamsville NY 14221	Name of Employer Transaction ID : F65-3883924 Occupation	11/01/2022	1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount