Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **NICPAC** 41 Challenger Dr ADDRESS (number and street) (Check if address is changed) STATEN ISLAND 10312 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS npopolo@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2021 C00767459 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Popolo, Nick, , , Popolo Type or Print Name of Treasurer Popolo, Nick, , , Popolo [Electronically Filed] 01 26 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In a			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C		*****	
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FFC Form 1 (Days	inad 02/2000)		Dama 2
FEC Form 1 (Rev Write or Type Committee			Page 3
NICPAC			
	ted Organization, Affiliated Committee, Jo	int Fundraising Representative or	Leadershin PAC Sponsor
	ted Organization, Anniated Committee, 30	int i unuruising representative, or	Leader Ship i Ao Sporison
NONE			
Mailing Address			
Ü			
			l
	CITY	STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee	Joint Fundraising Representativ	e Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number	optional) and position of the pers	on in possession of committee
Popo	olo, Nick, , , Popolo		
Full Name	41 CHALLENGER DRIVE		
Mailing Address			
	OTATEN IOLAND	NV	.10312
	STATEN ISLAND	NY	10312
Title or Position	CITY	STATE	ZIP CODE
		Telephone number 718	948 – 2972
	ne and address (phone number optional) c e.g., assistant treasurer).	of the treasurer of the committee; an	nd the name and address of
Full Name Popo of Treasurer	olo, Nick, , , Popolo		
Mailing Address	41 CHALLENGER DRIVE		
	STATEN ISLAND CITY	NY STATE	10312 ZIP CODE
Title or Position	GITT		
		Telephone number 718	

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		-
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	 Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc. 	
safety deposit be Name of Bank, I	oxes or maintains funds.	
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Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: