

Image# 202505199761346656

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Malliotakis, Nicole, , ,		
(b) Address (number and street) 36 Trent Street		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Staten Island NY 10308		2. Candidate's FEC Identification Number H0NY11078
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate NY 11		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### 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 Malliotakis, Nicole, , Ms,	Date 05/19/2025
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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)

Page 2 of 3DESIGNATION 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

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 3 of 3

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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)

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

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)

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