

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)
Nicole For New York

A. Full Name (Last, First, Middle Initial)
Kalil, Steven, , Mr.,

Mailing Address 57 Marion Avenue

City Staten Island	State NY	Zip Code 10304
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FEC ID number of contributing federal political committee. **C**

Name of Employer Caddell Dry Dock	Occupation President
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2019

Transaction ID : A-705

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Kaloidis, Georgia, , Ms.,

Mailing Address 66 Wolver Hollow Road

City Glen Head	State NY	Zip Code 11545
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Self
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

Transaction ID : A-524

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Kammas, Anthony, , ,

Mailing Address 1247 76th Street

City Brooklyn	State NY	Zip Code 11228
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skyline Risk Management	Occupation Partner
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2019

Transaction ID : A-351

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3000.00
