08/14/2003 16 : 39

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Nita Lowey for Congress

ADDRESS (Number and Street)

PO Box 271

(Check if address is changed)

White Plains | NY | 10605 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kdritto31@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9146830416

2. DATE M M / D D / Y Y Y Y 08 13 2003

3. **FEC IDENTIFICATION NUMBER** **C C00219881**

4. IS THIS STATEMENT X 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

Type or Print Name of Treasurer Richard Melnikoff

Signature of Treasurer Electronically Filed by **Richard Melnikoff** Date M M / D D / Y Y Y Y 08 13 2003

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) X This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Nita M Lowey

Candidate Party Affiliation: DEM

Office Sought: X House Senate President

State: NY

District: 18

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Nita Lowey for Congress

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Richard Melnikoff

Mailing Address: PO Box 271

White Plains | NY | 10605 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 914 – 683 – 3275

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Richard Melnikoff

Mailing Address: PO Box 271

White Plains | NY | 10605 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 914 – 683 – 3275

Full Name of Designated Agent: Janica Kyriacopoulos

Mailing Address: PO Box 271

White Plains | NY | 10605 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Asst. Treasurer

Telephone number: 914 – 683 – 3275

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase Bank

Mailing Address 191 Mamaroneck Blvd

White Plains NY 10601 -

CITY △ STATE △ ZIP CODE △

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

KeyBank National Association

Mailing Address 188 East Post Road

White Plains NY 10601 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____