# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)<br>Nita Lowey For Congress | 2. DATE<br>5/27/97 |
| (b) Number and Street Address ☑ (Check if address is changed)<br>c/o Goldstein Golub Kessler & Co., P.C.<br>1185 Avenue of the Americas | 3. FEC Identification Number<br>124273 |
| (c) City, State and ZIP Code<br>New York, NY 10036 | 4. Is This Report An Amendment?<br>☒ YES ☐ NO |

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5. TYPE OF COMMITTEE (Check one)

☐ (a) 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 | Candidate Party Affiliation | Office Sought | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| | | |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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** **Mailing Address** **Title or Position**

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** **Mailing Address** **Title or Position**

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.** **Mailing Address and ZIP Code**

*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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| Aaron Eidelman | Aaron Eidelman | 5/27/97 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

**FEC FORM 1**
(revised 4/87)