

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> Nita Lowey for Congress			
ADDRESS (number and street) PO Box 271			
<b>CITY</b> White Plains	<b>STATE</b> NY	<b>ZIP CODE</b> 10605	
<b>2. NAME OF CANDIDATE</b> Lowey, Nita, M, ,		<b>3. OFFICE SOUGHT</b> (State and District) House NY 17	
<b>4. FEC IDENTIFICATION NUMBER</b> C00219881			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> American Council of Engineering Companies		Name of Employer Transaction ID : C23318524	Date (month, day, year) 10/23/2018
MAILING ADDRESS 1015 15th St NW		Occupation	Amount 2500.00
CITY Washington	STATE DC		
<b>B. FULL NAME</b> Association of American Railroads		Name of Employer Transaction ID : C23318474	Date (month, day, year) 10/23/2018
MAILING ADDRESS 50 F St NW # 12900		Occupation	Amount 1000.00
CITY Washington	STATE DC		
<b>C. FULL NAME</b> REGENERON PHARMACEUTICALS INC PAC (REGENERON PAC)		Name of Employer Transaction ID : C23318473	Date (month, day, year) 10/22/2018
MAILING ADDRESS 777 Old Saw Mill River Rd		Occupation	Amount 4600.00
CITY Tarrytown	STATE NY		
<b>D. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS		Occupation	Amount
CITY	STATE		
<b>E. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS		Occupation	Amount
CITY	STATE		
<b>SIGNATURE (optional)</b> Melnikoff, Richard, , ,		DATE 10/24/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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