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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nita Lowey for Congress PO Box 271 ADDRESS (number and street) (Check if address is changed) White Plains 10605 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://loweyforcongress.com (Check if address is changed) DATE 2019 C00219881 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Melnikoff, Richard, , , Type or Print Name of Treasurer Melnikoff, Richard, , , [Electronically Filed] 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC F 0	1 (Paying 10/0000)	Dogo 2
		OMMITTEE	Page 2
		Committee:	
(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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Lowey, Nita, M, ,	
	didate / Affiliation	on DEM Office Sought: X House Senate President	State NY District 17
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	<u> </u>
Nita Lowey for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Lowey Majority Fund	
910 17th St NW, STE 925 Mailing Address	
Washington DC 20006 CITY STATE Z	IP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Lead	ership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	ession of committee
Melnikoff, Richard, , ,	ı
Full Name PO Box 271	
Mailing Address	
White Plains NY 10605	
Title or Position CITY STATE ZI	P CODE
Treasurer 914 68	33 3275
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	e and address of
Full Name Melnikoff, Richard, , , of Treasurer	
Mailing Address PO Box 271	
White Plains NY 10605	
CITY STATE ZI Title or Position Treasurer Telephone number Telephone number	P CODE

Full Name of Designated Agent	Kyriacopoulos, Janica, , ,	
Mailing Address	910 17th St NW	
	Ste 925	
	Washington DC 20006 CITY STATE ZI	IP CODE
Title or Position Asst. Treasurer		3275
salety deposit bu	oxes or maintains funds.	
Name of Bank, I	Depository, etc. CitiBank, NA	
	Depository, etc.	
Name of Bank, I	Depository, etc. CitiBank, NA	
Name of Bank, I	CitiBank, NA PO Box 5870 New York NY 10163	IP CODE
Name of Bank, I	CitiBank, NA PO Box 5870 New York CITY STATE ZI	IP CODE
Name of Bank, I	CitiBank, NA PO Box 5870 New York CITY STATE ZI Depository, etc. Bank of America, NA	IP CODE
Name of Bank, I	CitiBank, NA PO Box 5870 New York CITY STATE ZI Depository, etc.	IP CODE
Name of Bank, I	CitiBank, NA PO Box 5870 New York CITY STATE ZI Depository, etc. Bank of America, NA	IP CODE