

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Nita Lowey for Congress		2. FEC IDENTIFICATION NUMBER 124273
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. c/o. Aaron Eidelman Goldstein Golub Kessler LLP 1185 Avenue of the Americas		
CITY, STATE and ZIP CODE New York, NY 10036	STATE/DISTRICT NY/18	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the Pre-primary (Type of Election)
election on 9/12/00 in the State of New York

July 15 Quarterly Report

October 15 Quarterly Report

30-Day Post-Election Report following the General Election
on _____ in the State of _____

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7/1/00</u> through <u>8/29/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 15(a))	3,635.51	33,197.26
(b) Total Contribution Refunds (from Line 20(d))	0	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	3,635.51	32,197.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17,861.02	87,316.90
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	17,861.02	87,316.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,783,186.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
908 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aaron Eidelman	Date 8/29/00
Signature of Treasurer <i>Aaron Eidelman</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Nita Lowey for Congress	From: 7/1/00	To: 8/23/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(b) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2,500.00	
(ii) Unitemized	100.00	
(iii) Total of contributions from individuals	2,600.00	18,161.75
(b) Political Party Committees	1,035.51	15,035.51
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	3,635.51	33,197.26
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	15.94	70,278.18
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	3,651.45	103,475.44
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	17,861.02	87,316.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	1,000.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	1,000.00
21. OTHER DISBURSEMENTS	1,400.00	46,877.50
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	19,261.02	135,194.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 1,798,796.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 3,651.45
25. SUBTOTAL (add Line 23 and Line 24)	\$ 1,802,447.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 19,261.02
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 1,783,186.75

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

For Line Number 11a (1)

Contributions from Individuals

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 for such committee.

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer Self Employed	Date (month, day, year)	Amount of Each Receipt this period
Eather Coopersmith 2230 S Street NW Washington, DC 20008	Occupation Real Estate	07/11/00	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 250.00		
Ed Hewitt 9 Crows Nest Road Bronxville, NY 10708	Occupation Retired	08/14/00	250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 250.00		
Leo Javitch 21 Stratford Road Harrison, NY 10528	Occupation Retired	07/26/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		
George J Lederer 5 Foxhall Road Saratoga, NY 10883	George Lederer Construction Service In Occupation Engineer	08/08/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 2000.00		

SUBTOTAL of Receipts This Page (optional) —————>

2500.00

TOTAL This Period (last page this line number only) —————>

2500.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

For Line Number 11c

Contributions from Other Political Committees (such as PACs)

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Connelly for Congress PO BOX 280 Fairwood, NJ 07023		08/08/00	35.51
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$	35.51
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
ENT PAC Amer. Acad. of Otolaryngology 1 Prince Street Alexandria, VA 22314		07/11/00	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$	1000.00

SUBTOTAL of Receipts This Page (optional) ----->

1035.51

TOTAL This Period (last page this line number only) ----->

1035.51

SCHEDULE A

ITEMIZED RECEIPTS

Other receipts (Dividends, interest, Etc.)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Manhattan Bank Mamaroneck Avenue White Plains, NY 10601	Occupation	7/1/00 - 8/23/00	15.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,171.47		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

15.94

SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
AT&T PO BOX 9001309 Louisville, KY 40290	Long Distance Service Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$21.33
AT&T PO BOX 9001309 Louisville, KY 40290	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$97.58
AT&T PO BOX 9001309 Louisville, KY 40290	Long Distance Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/00	\$26.02
AT&T Wireless Services PO BOX 8220 Aurora, IL 60572	Cellular Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$443.52
AT&T Wireless Services PO BOX 8220 Aurora, IL 60572	Cellular Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$112.68
Advantage Business Machines Inc. 931 North Broadway North White Plains, NY 10603	Computer/FAX Service Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$41.69
Advantage Business Machines Inc. 931 North Broadway North White Plains, NY 10603	Copier Toner Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/00	\$199.28
Anthony Magglacono Lodge #2320 123 Winchester Drive Yonkers, NY 10710	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$125.00

SUBTOTAL of Disbursements This Page (optional)----->

TOTAL This Period (last page this line number only)---->

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/00	\$604.81
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$604.81
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Reimbursement Albany Trip Petitions Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$103.50
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$604.81
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/00	\$604.81
Chase Bank Mamaroneck Avenue White Plains, NY 10601	Payroll Taxes Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/00	\$1,058.77
Chase Bank Mamaroneck Avenue White Plains, NY 10601	Payroll Taxes Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/00	\$112.00
Chase Bank Mamaroneck Avenue White Plains, NY 10601	Payroll Taxes Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/00	\$965.38

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

Operating Expenditures

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
City Court of White Plains PO BOX 6500 White Plains, NY 10602	Volunteer Parking Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/14/00	\$10.00
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85062	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$59.66
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85062	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$55.11
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85062	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	\$41.52
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85062	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/00	\$44.75
Dell Financial Services Inc. PO BOX 99355 Chicago, IL 60693	Computer Hardware Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$99.67
FEDEX PO BOX 1140 Memphis, TN 38101	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$17.30
FEDEX PO BOX 1140 Memphis, TN 38101	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$196.16

SUBTOTAL of Disbursements This Page (optional) —————>

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
G.E. Capital PO BOX 642111 Pittsburgh, PA 15264	FAX/Copier Rental Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/00	\$323.21
G.E. Capital PO BOX 642111 Pittsburgh, PA 15264	Copier Lease Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$181.44
Great Bear Spring Water PO BOX 65041 Dallas, TX 75265	Office Supplies Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$19.93
Great Bear Spring Water PO BOX 65041 Dallas, TX 75265	Office Supplies Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$12.93
Jewish Council of Yonkers, Inc. 584 North Broadway Yonkers, NY 10701	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$65.00
KeyCorp Corporate Real Estate PO BOX 6367 Cleveland, OH 44101	Rent - Office Space Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$1,050.00
KeyCorp Corporate Real Estate PO BOX 6367 Cleveland, OH 44101	Rent - Office Space Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$1,050.00
NYS Employment Taxes Church Street Station PO BOX 1417 New York, NY 10008	State Employment Taxes Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/00	\$370.48

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period (last page this line number only) ---->

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Page 5 of 8
For Line Number 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Beverly Neufeld 931 Greacen Point Road Mamaroneck, NY 10543	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/00	\$971.88
Beverly Neufeld 931 Greacen Point Road Mamaroneck, NY 10543	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/00	\$1,133.86
Queens Chronicle PO BOX 74-7769 Rego Park, NY 11374	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$220.00
Queens Tribune 174-15 Horace Harding Expwy. Fresh Meadows, NY 11365	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$324.00
RBS & Associates 24 Burning Tree Road Greenwich, CT 06830	Consulting Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$1,000.00
RBS & Associates 24 Burning Tree Road Greenwich, CT 06830	Consulting Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$2,200.00
The Courier 214-07 42nd Avenue Bayside, NY 11361	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$150.00
The Jewish Post 130 West 29th Street New York, NY 10001	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$150.00

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Page 8 of 8
For Line Number 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)
Nita Lowry for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
The Service Queens Gazette 42-16 34th Avenue Long Island City, NY 11101	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/00	\$280.00
The State Insurance Fund GPO Box 5351 New York, NY 10087	Disability Insurance Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/00	\$166.98
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/00	\$500.84
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$24.59
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/00	\$486.06
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	\$24.58
Verizon Wireless PO BOX 489 Newark, NJ 07101	Cellular Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$68.77
Verizon Wireless PO BOX 489 Newark, NJ 07101	Cellular Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	\$67.68

SUBTOTAL of Disbursements This Page (optional)----->

TOTAL This Period (last page this line number only)----->

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Page 7 of 8
For Line Number 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Westchester Hispanic Coalition 46 Waller Avenue White Plains, NY 10605	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	\$90.00
American Express PO BOX 1270 Newark, NJ 07101	Expenses Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	\$588.08
1114 Sixth Parking Lot 1114 Sixth Avenue New York, NY 10000	Parking - Event Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	23.00 Memo
Postmaster White Plains Gedney Station White Plains, NY 10605	Postage Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	11.64 Memo
United Airlines	Travel to Democratic Conven. Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/00	553.44 Memo

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page.

PAGE 8 OF 8
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chase Manhattan Bank Mamaroneck Avenue White Plains, NY 10601	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00 - 8/23/00	18.54
Chase Manhattan Bank Mamaroneck Avenue White Plains, NY 10601	Credit Card Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00 - 8/23/00	73.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

17,861.02

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Disbursements

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 for such committee.

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Lauren Beth Geah for Congress 1910 First Street Highland Park, IL 60035	Mailing Costs House IL/10 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/00	35.51 In-kind Memo
Ragina Montoya Coggins for Congress 6335 Prospect Avenue Dallas, TX 75214	Mailing Costs House TX/5 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/00	35.51 In-kind Memo
Susan Bass Levin for Congress 1415 Route 70 Cherry Hill, NJ 08034	Mailing Expenses House NJ/3 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/00	35.51 In-kind Memo
Inslee For Congress 18300 Aurora Avenue North #A Shoreline, WA 98133	Contribution House Washington 1 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/00	1000.00
Moore for Congress 7787 Quivira Lenexa, KS 66216	Mailing Costs House KS/3 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/00	35.51 In-kind Memo
Friends of Benedetto c/o Chippewa Democratic Club 1447 Ferris Place Bronx, NY 10461	Contribution New York State Senate 34 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/00	250.00

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Page 2 of 3
For Line Number 21

Other Disbursements

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Rye City Democrats PO BOX 534 Rye, NY 10580	Contribution Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	150.00
Friends of Mike Forbes 1410 Middle Country Road #10 Selden, NY 11784	Mailing Costs House NY/1 Disb for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/00	35.51 In-kind Memo

SUBTOTAL of Disbursements This Page (optional) ----->

185.51

TOTAL This Period (last page this line number only) ----->

185.51

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code
Diane Byrum for Congress
721 North Capitol Avenue #3
Lansing, MI 48906

Purpose of Disbursement
Mailing Costs
House MI/8
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
08/04/00

Amount of Each Disbursement This Period
35.51
In-kind
Memo

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,400.00

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Fed Ex</i>	Postmarked <i>8-29-00</i> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Set</i> PREPARER	<i>8-30-00</i> DATE PREPARED