

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Nita Lowey for Congress

ADDRESS (number and street) PO Box 271  
 Check if different than previously reported. (ACC) White Plains NY 10605

2. **FEC IDENTIFICATION NUMBER** C C00219881 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) NY 17

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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 Richard Melnikoff

Signature of Treasurer Richard Melnikoff *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 31 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Nita Lowey for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	197071.82	1174053.87
(b) Total Contribution Refunds (from Line 20(d)) .....	5000.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	192071.82	1169053.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	90893.85	469185.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	299.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90893.85	468885.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	845477.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Nita Lowey for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	137882.14	962761.67
(ii) Unitemized.....	2489.68	18367.20
(iii) TOTAL of contributions from individuals ▶	140371.82	981128.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	56700.00	192925.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	197071.82	1174053.87
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	299.58
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	104.24	340.87
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	197176.06	1174694.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	90893.85	469185.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	5000.00	5000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	5000.00
21. OTHER DISBURSEMENTS .....	46650.00	150000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	142543.85	624185.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	790845.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	197176.06
25. SUBTOTAL (add Line 23 and Line 24).....	988021.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142543.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	845477.23

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 from such committee.

NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Abbey**

Mailing Address 1035 5th Ave  
Apt 11C

City New York State NY Zip Code 10028-0135

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : C21557408**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Abbey**

Mailing Address 1035 5th Ave  
Apt 11C

City New York State NY Zip Code 10028-0135

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : C21554669**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Diane Abbey**

Mailing Address 1035 5th Ave  
Apt 11C

City New York State NY Zip Code 10028-0135

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : C21557405**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Diane Abbey**

Mailing Address 1035 5th Ave  
Apt 11C

City State Zip Code  
New York NY 10028-0135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : C21554668**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Barlow**

Mailing Address 7017 Warfield Rd

City State Zip Code  
Laytonsville MD 20882-4311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates Human Resources

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2015

**Transaction ID : C21554745**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Marion Bergman**

Mailing Address 104A Middleville Rd

City State Zip Code  
Northport NY 11768-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : C21547584**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Berkowitz**

Mailing Address 15 Purchase Hills Drive

City Purchase State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566015**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Liran Blum**

Mailing Address 167 Grange Ave

City Fair Haven State NJ Zip Code 07704-3039

FEC ID number of contributing federal political committee. **C**

Name of Employer Nomura Securities Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : C21575742**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly Cannold**

Mailing Address 3010 Westchester Ave Ste 207

City Purchase State NY Zip Code 10577-2584

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : C21549551**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sean Carroll**

Mailing Address 1727 Lamont St NW

City Washington State DC Zip Code 20010-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Intl. Occupation Intl. Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : C21554063**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexander Z. Cohen**

Mailing Address 190 Riverside Dr

City New York State NY Zip Code 10024-1008

FEC ID number of contributing federal political committee. **C**

Name of Employer Soros Fund Management LLC Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : C21575301**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Alexander Z. Cohen**

Mailing Address 190 Riverside Dr

City New York State NY Zip Code 10024-1008

FEC ID number of contributing federal political committee. **C**

Name of Employer Soros Fund Management LLC Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : C21571563**

Amount of Each Receipt this Period  
 2300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2750.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ed Cotler**

Mailing Address 2025 Broadway  
Apt 4B

City State Zip Code  
New York NY 10023-5038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Goldman Sachs Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : C21571560**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Blair W. Efron**

Mailing Address 39 E 79th St

City State Zip Code  
New York NY 10075-0359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Centerview Partners Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

**Transaction ID : C21566025**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bonnie S. Englehardt Lautenberg**

Mailing Address 555 Park Ave

City State Zip Code  
New York NY 10065-8166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Enterprise Asset Management Inc. Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

**Transaction ID : C21566021**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott J Fleming**

Mailing Address 3467 Mildred Drive

City Falls Church State VA Zip Code 22042-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Occupation Associate VP for Federal Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : C21573319**

Amount of Each Receipt this Period  
 500.00

1450.00

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Freeman**

Mailing Address 302 Woodland Rd

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Occupation Director of compliance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C2157608**

Amount of Each Receipt this Period  
 1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David Freudenthal**

Mailing Address 240 Central Park S Apt 15J

City New York State NY Zip Code 10019-1459

FEC ID number of contributing federal political committee. **C**

Name of Employer Carnegie Hall Occupation Director, Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : C21573770**

Amount of Each Receipt this Period  
 250.00

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Friedman**

Mailing Address 28 Laight St  
Apt 5E

City State Zip Code  
New York NY 10013-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brevan Howard Asset Management Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : C21571558**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Marc Getman**

Mailing Address 175 E 74th St  
Apt 11A

City State Zip Code  
New York NY 10021-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Goldman Sachs Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : C21571559**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen A Horblitt**

Mailing Address 4106 22nd Street NE

City State Zip Code  
Washington DC 20018-3158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : C21554671**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Jaskot**

Mailing Address 8610 Cross Chase Ct

City State Zip Code  
Fairfax Station VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557605**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jay Kasner**

Mailing Address 15 Central Park W

City State Zip Code  
New York NY 10023-7708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566026**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Katz**

Mailing Address 360 Edgewood Ave

City State Zip Code  
Teaneck NJ 07666-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HSBC Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : C21571562**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Kernan**

Mailing Address 1355 Oak St NW

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer DAI Occupation Senior Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557607**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charito Kruvant**

Mailing Address 2061 Bent Ln

City Delaplane State VA Zip Code 20144-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates International Occupation PRESIDENT AND CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557410**

Amount of Each Receipt this Period  
 1700.00

**C.** Full Name (Last, First, Middle Initial)  
**Charito Kruvant**

Mailing Address 2061 Bent Ln

City Delaplane State VA Zip Code 20144-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates International Occupation PRESIDENT AND CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21555825**

Amount of Each Receipt this Period  
 900.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jessica Kruvant**

Mailing Address 7134 Merrimac Dr

City McLean State VA Zip Code 22101-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Occupation International Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557407**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jessica Kruvant**

Mailing Address 7134 Merrimac Dr

City McLean State VA Zip Code 22101-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Occupation International Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21555846**

Amount of Each Receipt this Period  
1300.00

**C.** Full Name (Last, First, Middle Initial)  
**Leland Kruvant**

Mailing Address 4100 40th St N

City Arlington State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557610**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leland Kruvant**

Mailing Address 4100 40th St N

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

**Transaction ID : C21557609**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**William Kruvant**

Mailing Address 2061 Bent Lane

City State Zip Code  
Delaplane VA 20144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates International President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

**Transaction ID : C21557614**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**William Kruvant**

Mailing Address 2061 Bent Lane

City State Zip Code  
Delaplane VA 20144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates International President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2015

**Transaction ID : C21557613**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Landau**

Mailing Address 200 West 86th Street, #8M

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DGital Media Radio Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : C21546969**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**F Maldonado**

Mailing Address 7010 Alicent Pl

City State Zip Code  
Mc Lean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557603**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Pablo Maldonado**

Mailing Address 4231 Mathewson Dr NW

City State Zip Code  
Washington DC 20011-4247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates Chief Operating Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557406**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pablo Maldonado**

Mailing Address 4231 Mathewson Dr NW

City Washington State DC Zip Code 20011-4247

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates Occupation Chief Operating Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21556232**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Marburg-Goodman**

Mailing Address 2020 12th St NW  
PH 818

City Washington State DC Zip Code 20009-7593

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Associates International Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : C21555770**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**katherine Moore**

Mailing Address 4100 Theall Rd

City Rye State NY Zip Code 10580-1477

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549761**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Saul Morgenstern**

Mailing Address 308 E 79th St  
Apt 9A

City State Zip Code  
New York NY 10075-0787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kaye Scholer LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : C21572708**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Saul Morgenstern**

Mailing Address 308 E 79th St  
Apt 9A

City State Zip Code  
New York NY 10075-0787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kaye Scholer LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : C21575295**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Madeline Noveck**

Mailing Address 1040 Park Ave

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Novos Planning Associates Inc Exec

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566022**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bernard Nussbaum**

Mailing Address 51 W 52nd St

City State Zip Code  
New York NY 10019-6119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wachtell, Lipton, Rose & Katz Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549756**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence F O'Brien**

Mailing Address 3410 Q Street, NW

City State Zip Code  
Washington DC 20007-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O'Brien Calio Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : C21575036**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Och**

Mailing Address 11 Dolma Rd

City State Zip Code  
Scarsdale NY 10583-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Och - Ziff Capital Management Group CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : C21552120**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Och**

Mailing Address 11 Dolma Rd

City Scarsdale State NY Zip Code 10583-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : C21552118**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Oremus**

Mailing Address 460 Park Ave  
FI 12

City New York State NY Zip Code 10022-1906

FEC ID number of contributing federal political committee. **C**

Name of Employer Farkouh Furman & Faccio, LLP Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549808**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Alan J Patricof**

Mailing Address 830 Park Ave  
Apt 11C

City New York State NY Zip Code 10021-2703

FEC ID number of contributing federal political committee. **C**

Name of Employer Patricof & Company Ventures Inc. Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566017**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Leandra Pope</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address PO Box 663		<b>Transaction ID : C21566018</b>
City Croton Falls	State NY	Zip Code 10519-0663
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Theatre Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Potash</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 950 Sylvan Ln		<b>Transaction ID : C21571099</b>
City Mamaroneck	State NY	Zip Code 10543-3955
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer The Distinguished Programs Conservatory	Occupation Chairman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Cris Revaz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015
Mailing Address 10091 Lawyers Rd		<b>Transaction ID : C21554606</b>
City Vienna	State VA	Zip Code 22181-2939
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Creative Associates Int'l	Occupation Senior Education Counsel	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher D Roosevelt**

Mailing Address 88 Elys Ferry Rd

City State Zip Code  
Lyme CT 06371-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney-Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : C21574621**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ellen Roth**

Mailing Address 47 East 88th Street #3A

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Psychotherapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21564843**

Amount of Each Receipt this Period  
 1350.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Roth**

Mailing Address 47 E 88th St # 3A

City State Zip Code  
New York NY 10128-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Schulte Roth & Zabel Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21564842**

Amount of Each Receipt this Period  
 1350.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert E. Rubin**

Mailing Address 911 Park Avenue  
Apt. 14A

City New York State NY Zip Code 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Council on Foreign Relations Occupation Co-Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566016**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**William Rudin**

Mailing Address 345 Park Ave

City New York State NY Zip Code 10154-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer Rudin Management Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : C21565497**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Philip Schatten**

Mailing Address 21 Main St  
Suite 352

City Hackensack State NJ Zip Code 07601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retail Automation, Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566027**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. Frederic Schwalb**

Mailing Address **PO Box 383**

City **Croton On Hudson** State **NY** Zip Code **10520-0383**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Clergyperson**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 29 / 2015**

**Transaction ID : C21584096**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sarene Shanus**

Mailing Address **347 Orienta Ave**

City **Mamaroneck** State **NY** Zip Code **10543-3937**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harlorn LLC** Occupation **Manager**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**11 / 30 / 2015**

**Transaction ID : C21571095**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn Simmons**

Mailing Address **1060 5th Avenue**

City **New York** State **NY** Zip Code **10128**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Simmons Foundation** Occupation **Chair**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**11 / 30 / 2015**

**Transaction ID : C21571097**

Amount of Each Receipt this Period  
**2700.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4700.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Irwin Simon**

Mailing Address 58 S Service Rd  
Ste 250

City State Zip Code  
Melville NY 11747-2342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hain-Celestial CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549763**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**James H. Simons**

Mailing Address 1060 5th Ave  
Simons Foundation

City State Zip Code  
New York NY 10128-0104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renaissance Technologies board chair and founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : C21571096**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Laura Slatkin**

Mailing Address 18 E 74th St

City State Zip Code  
New York NY 10021-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nest Fragrances Founder & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : C21571164**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laura Slatkin**

Mailing Address 18 E 74th St

City State Zip Code  
New York NY 10021-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nest Fragrances Founder & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : C21571098**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Stuart Slotnick**

Mailing Address 10 Deer Run

City State Zip Code  
Rye Brook NY 10573-1300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Buchanan Ingersoll & Rooney PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : C21571557**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Beryl Snyder**

Mailing Address 10 West 66th Street #9F

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MBJ Investments, LLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : C21549755**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Steiner**

Mailing Address **Llewellen Park**

City **West Orange** State **NJ** Zip Code **07052**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Steiner Equities** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 07 / 2015**

**Transaction ID : C21549765**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan K Stern**

Mailing Address **39 Park Road**

City **Scarsdale** State **NY** Zip Code **10583**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Homemaker**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 07 / 2015**

**Transaction ID : C21549754**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Theodore Sternklar**

Mailing Address **19 E 80th St  
Apt 4D**

City **New York** State **NY** Zip Code **10075-0170**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Buchanan Ingersoll & Rooney PC** Occupation **Legal**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 22 / 2015**

**Transaction ID : C21575741**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bradford Strickland**

Mailing Address 107 S West St

City State Zip Code  
Alexandria VA 22314-2824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates International Anthropologist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : C21558022**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harold Tanner**

Mailing Address 950 Third Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tanner & Co. , Inc. President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549762**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Maurice Tempelsman**

Mailing Address 19 W 44th St  
Leon Tempelsman and Son

City State Zip Code  
New York NY 10036-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Leon Tempelsman & Son, Inc. Sr. Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566019**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gil A. Tenzer**

Mailing Address 240 E 47th St

City State Zip Code  
New York NY 10017-2131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Contrarian Capital Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : C21571556**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan A. Van Dolsen**

Mailing Address 29 Highland Rd.

City State Zip Code  
Rye NY 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : C21549752**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mario Vilela**

Mailing Address 3600 38th St NW

City State Zip Code  
Washington DC 20016-2915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Associates VP Global Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : C21554711**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leon M Wagner**

Mailing Address 600 Madison Ave  
Ste 1103

City State Zip Code  
New York NY 10022-1684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Goldentree Asset Management Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21566020**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Victoria Wheelock**

Mailing Address 735 The Woods Rd

City State Zip Code  
Hedgesville WV 25427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Enchantment Production Services, LLC Organizer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557612**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn F Angelson**

Mailing Address 876 Park Ave

City State Zip Code  
New York NY 10075-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21589477A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21589477AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn F Angelson**

Mailing Address 876 Park Ave

City State Zip Code  
New York NY 10075-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2015

**Transaction ID : C21589478A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21589478AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Angelson**

Mailing Address 876 Park Avenue

City State Zip Code  
New York NY 10075-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : C21566937A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : C21566937AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Mark Angelson**

Mailing Address 876 Park Avenue

City State Zip Code  
New York NY 10075-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : C21589475A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21589475AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Mark Angelson**

Mailing Address 876 Park Avenue

City State Zip Code  
New York NY 10075-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2015

**Transaction ID : C21589476A**

Amount of Each Receipt this Period  
5000.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21589476AB**

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Froma Benerofe**

Mailing Address 18 cottage ave

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation social worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2015

**Transaction ID : C21584131A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2015

**Transaction ID : C21584131AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Chill**

Mailing Address 405 Lexington Avenue

City State Zip Code  
New York NY 10174

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 01 / 2015

**Transaction ID : C21550528A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : C21550528AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Betty Cotton**

Mailing Address 10 The Crossing @ Blindbrook

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584125A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584125AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia N Dohrenwend**

Mailing Address 1 Stoneleigh Plaza 2L

City State Zip Code  
Bronxville NY 10708-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : C21566932A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : C21566932AB**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Durst**

Mailing Address 1 bryant park

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Royal Realty real estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : C21566946A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21566946AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Barry Efron**

Mailing Address 1 Clifton Lane

City State Zip Code  
White Plains NY 10605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2015

**Transaction ID : C21566935A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		19		2015

**Transaction ID : C21566935AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott J Fleming**

Mailing Address 3467 Mildred Drive

City Falls Church State VA Zip Code 22042-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Occupation Associate VP for Federal Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : C21584114A**

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584114AB**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Martin Ginsburg**

Mailing Address 100 Summit Lake Drive

City Valhalla State NY Zip Code 10595

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Manager  
Ginsburg Development Companies LLC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : C21566917A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : C21566917AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Patty Horing**

Mailing Address 17 Pryer Ln

City State Zip Code  
Larchmont NY 10538-4013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self artist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : C21566940A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : C21566940AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Kaskel**

Mailing Address 975 Anderson Hill Road

City State Zip Code  
Rye Brook NY 10573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Seagate Realty LLC Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : C21566947A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : C21566947AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Leonard Kurz**

Mailing Address 511 Gair Street

City State Zip Code  
Piermont NY 10968-1081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Forest Creatures Entertainment Film/TV Production

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : C21584110A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2015

**Transaction ID : C21584110AB**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**David Landau**

Mailing Address 200 West 86th Street, #8M

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DGital Media Radio Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 30 / 2015

**Transaction ID : C21573713A**

Amount of Each Receipt this Period  
700.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 10 / 2015

**Transaction ID : C21573713AB**

Amount of Each Receipt this Period  
700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Landau**

Mailing Address 200 West 86th Street, #8M

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DGital Media Radio Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : C21589472A**

Amount of Each Receipt this Period  
300.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : C21589472AB**

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Robert Mazur**

Mailing Address 924 West End Avenue

City State Zip Code  
New York NY 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : C21574679A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : C21574679AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Cheryl Milstein**

Mailing Address 2 Kensington road

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21566936A**

Amount of Each Receipt this Period  
800.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21566936AB**

Amount of Each Receipt this Period  
800.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 from such committee.

NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl Milstein**

Mailing Address 2 Kensington road

City Scarsdale State NY Zip Code 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21570865A**

Amount of Each Receipt this Period  
 200.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **20023.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21570865AB**

Amount of Each Receipt this Period  
 200.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Maxine Myers**

Mailing Address 93 giordano drive

City wwest orange State NJ Zip Code 07052-4118

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **816.67**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2015

**Transaction ID : C21565324A**

Amount of Each Receipt this Period  
 100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : C21565324AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Maxine Myers**

Mailing Address 93 giordano drive

City State Zip Code  
wwest orange NJ 07052-4118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
816.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : C21584116A**

Amount of Each Receipt this Period  
75.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584116AB**

Amount of Each Receipt this Period  
75.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Nagin**

Mailing Address 23 Dogwood Lane

City Pomona State NY Zip Code 10970

FEC ID number of contributing federal political committee. **C**

Name of Employer Chimborazo Publishing, Inc. Occupation Publishing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2015

**Transaction ID : C21573711A**

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

**Transaction ID : C21573711AB**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Tod Preston**

Mailing Address 120 V ST NW

City Washington State DC Zip Code 20001-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Glover Park Group Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2015

**Transaction ID : C21584122A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2015

**Transaction ID : C21584122AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Samuels**

Mailing Address 11 Althea Lane

City State Zip Code  
Larchmont NY 10538-1001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 12 / 2015

**Transaction ID : C21566949A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 19 / 2015

**Transaction ID : C21566949AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nicole Seligman**

Mailing Address 550 Madison Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sony Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21566944A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21566944AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Shane**

Mailing Address 3 westhaven lane

City State Zip Code  
White plains NY 10605-5458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21566927A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21566927AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Shane**

Mailing Address 3 westhaven lane

City State Zip Code  
White plains NY 10605-5458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none none

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584126A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584126AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Thibodeaux**

Mailing Address 113 Oakdale Loop

City Houma State LA Zip Code 70360-5932

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **202.71**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : C21571268A**

Amount of Each Receipt this Period  
 3.57

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **20023.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : C21571268AB**

Amount of Each Receipt this Period  
 3.57

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Joyce Thibodeaux**

Mailing Address 113 Oakdale Loop

City Houma State LA Zip Code 70360-5932

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **202.71**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : C21571905A**

Amount of Each Receipt this Period  
 3.57

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7.14

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : C21571905AB**

Amount of Each Receipt this Period  
3.57

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Kristen Woll**

Mailing Address 58 w. clinton ave

City State Zip Code  
irvington NY 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Irvington NY Village Trustee

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584124A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20023.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : C21584124AB**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

137882.14

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 52 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Accenture PAC**

Mailing Address 800 Connecticut Ave, NW, Ste. 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00300707**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2015

**Transaction ID : C21565480**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ALZHEIMERS IMPACT MOVEMENT POLITICAL ACTION COMMITTEE**

Mailing Address 225 N Michigan Ave Ste 1700

City Chicago State IL Zip Code 60601-7652

FEC ID number of contributing federal political committee. **C C00486928**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : C21575272**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Mailing Address 2200 Lake Boulevard NE Suite 250

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C C00432823**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : C21573771**

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Dental Political Action Committee**

Mailing Address 1111 14th Street NW #1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : C21588617**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**American Federation Of State County & Municipal Em**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2015**

**Transaction ID : C21553821**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**American Federation of Teachers Committee on Polit**

Mailing Address 555 NEW JERSEY AVENUE, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00028860**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 08 / 2015**

**Transaction ID : C21549991**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**9500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 54 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITIC**

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21567208**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T PAC**

Mailing Address 1120 20th Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00185124**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : C21575275**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : C21553819**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Buchanan Ingersoll & Rooney**

Mailing Address **ONE OXFORD CENTRE**  
**301 GRANT STREET 20TH FLOOR**

City **PITTSBURGH** State **PA** Zip Code **15219**

FEC ID number of contributing federal political committee. **C C00195388**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C21571831**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Committee on Letter Carriers Political Education**

Mailing Address **Nat'l Ass'n of Letter Carriers**  
**100 Indiana Avenue NW**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : C21584093**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**COZEN O'CONNOR POLITICAL ACTION COMMITTEE**

Mailing Address **1900 Market Street**

City **Philadelphia** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 17 / 2015**

**Transaction ID : C21566023**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

\_\_\_\_\_

**5000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 56 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DELTA AIR LINES POLITICAL ACTION COMMITTEE**

Mailing Address 1212 New York Avenue NW  
Suite 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : C21549993**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITT**

Mailing Address 1700 Old Meadow Rd

City McLean State VA Zip Code 22102-4307

FEC ID number of contributing federal political committee. **C C00409979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : C21553815**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITT**

Mailing Address 1700 Old Meadow Rd

City McLean State VA Zip Code 22102-4307

FEC ID number of contributing federal political committee. **C C00409979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : C21584092**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)**

Mailing Address 6700 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : C21557617**

Amount of Each Receipt this Period  
 2500.00

**B. Full Name (Last, First, Middle Initial)**  
**Goldman Sachs Group, Inc. PAC**

Mailing Address 1101 Pennsylvania Ave, NW Suite 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : C21573772**

Amount of Each Receipt this Period  
 1500.00

**C. Full Name (Last, First, Middle Initial)**  
**GOOGLE INC. NETPAC**

Mailing Address 25 MASSACHUSETTS AVE, NW 9TH FLOOR

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : C21575784**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 58 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Intl Brotherhood of Electrical Workers**

Mailing Address 900 SEVENTH ST, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : C21571830**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joint Action Committee for Political Affairs**

Mailing Address PO BOX 105

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing federal political committee. **C C00139659**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : C21573773**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 1550 Crystal Drive, Suite 300

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : C21553816**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 1550 Crystal Drive, Suite 300

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C21565041**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC POLITICAL ACTION COMMITTEE**

Mailing Address 1035 S SEMORAN BLVD STE 1045A

City State Zip Code  
WINTER PARK FL 32792

FEC ID number of contributing federal political committee. **C C00163212**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : C21567238**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C21567209**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A. Real Estate Roundtable Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 PENNSYLVANIA AVENUE  
SUITE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00033779**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : C21574677**

Amount of Each Receipt this Period  
1000.00

**B. REGENERON PHARMACEUTICALS INC PAC (REGENERON PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 OLD SAW MILL RIVER ROAD

City TARRYTOWN State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C C00562264**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : C21575273**

Amount of Each Receipt this Period  
2700.00

**C. RENEW AMERICA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 27 LEHIGH COURT

City ROCKVILLE CENTRE State NY Zip Code 11570

FEC ID number of contributing federal political committee. **C C00290098**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : C21549760**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Securities Industry Association**

Mailing Address 1101 NEW YORK AVENUE, NW  
8TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : C21575274**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**U. S. TRAVEL ASSOCIATION PAC**

Mailing Address 1100 New York Avenue Ste 450W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2015

**Transaction ID : C21562308**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WEXLER & WALKER PUBLIC POLICY ASSOCIATES PAC (A UNIT OF HILL & KNOWLTON)**

Mailing Address 1317 F STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00248195**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : C21574435**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

56700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 62 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Citibank, N.A.**

Mailing Address **PO Box 5870**

City **New York** State **NY** Zip Code **10163**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **302.94**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : C21563800**

Amount of Each Receipt this Period  
**32.36**

**B.** Full Name (Last, First, Middle Initial)  
**Citibank, N.A.**

Mailing Address **PO Box 5870**

City **New York** State **NY** Zip Code **10163**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **302.94**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : C21589343**

Amount of Each Receipt this Period  
**31.32**

**C.** Full Name (Last, First, Middle Initial)  
**Citibank, N.A.**

Mailing Address **PO Box 5870**

City **New York** State **NY** Zip Code **10163**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **302.94**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : C21589344**

Amount of Each Receipt this Period  
**32.37**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**96.05**

**96.05**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period <b>9.88</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D631937</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2015</b>
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period <b>0.69</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D633078</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period <b>0.46</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D633311</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11.03</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 103			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 0.44
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D633522</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 22.22
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D633795</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 4.67
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : D634073</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.33
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 546.00 <b>Transaction ID : D634448</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 1.55 <b>Transaction ID : D634805</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 5.91 <b>Transaction ID : D634989</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	553.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 61.15 <b>Transaction ID : D635108</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 41.22 <b>Transaction ID : D635524</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 14 Arrow St.			Amount of Each Disbursement this Period 0.41 <b>Transaction ID : D635681</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 95.72
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 1.20
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 998.77
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Fees	<b>Transaction ID : D637113</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Fees	<b>Transaction ID : D637114</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 252.56
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Fees	<b>Transaction ID : D637115</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1259.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 103		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2015</b>
Mailing Address <b>PO Box 53852</b>		Amount of Each Disbursement this Period <b>7.95</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>	Purpose of Disbursement <b>Merchant Fees</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D633932</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>PO Box 53852</b>		Amount of Each Disbursement this Period <b>485.44</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>	Purpose of Disbursement <b>Merchant Fees</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D633933</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Beta Parking</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>545 5th Avenue</b>		Amount of Each Disbursement this Period <b>220.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10017</b>	Purpose of Disbursement <b>Monthly Parking</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D633936</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>713.39</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Beta Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 545 5th Avenue		Amount of Each Disbursement this Period 220.00
City New York	State NY	
Zip Code 10017		
Purpose of Disbursement Monthly Parking		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Beta Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 545 5th Avenue		Amount of Each Disbursement this Period 220.00
City New York	State NY	
Zip Code 10017		
Purpose of Disbursement Monthly Parking		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address P.O. Box 371378		Amount of Each Disbursement this Period 259.60
City Pittsburgh	State PA	
Zip Code 15250-7378		
Purpose of Disbursement Telephone Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	699.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Cablevision</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		09		2015
M M	/	D D	/	Y Y Y Y								
12		09		2015								
Mailing Address P.O. Box 371378		Amount of Each Disbursement this Period										
City	State											
Pittsburgh	PA	15250-7378										
Purpose of Disbursement	Category/ Type	259.60										
Telephone Service												
Candidate Name	Disbursement For:	<b>Transaction ID : D637138</b>										
Office Sought:			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)									
House <input type="checkbox"/>	State:	District:										
Senate <input type="checkbox"/>												
President <input type="checkbox"/>												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Cablevision</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		09		2015
M M	/	D D	/	Y Y Y Y								
10		09		2015								
Mailing Address P.O. Box 371378		Amount of Each Disbursement this Period										
City	State											
Pittsburgh	PA	15250-7378										
Purpose of Disbursement	Category/ Type	259.60										
Telephone Service												
Candidate Name	Disbursement For:	<b>Transaction ID : D633954</b>										
Office Sought:			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)									
House <input type="checkbox"/>	State:	District:										
Senate <input type="checkbox"/>												
President <input type="checkbox"/>												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Citibank, N.A.</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		08		2015
M M	/	D D	/	Y Y Y Y								
10		08		2015								
Mailing Address PO Box 5870		Amount of Each Disbursement this Period										
City	State											
New York	NY	10163										
Purpose of Disbursement	Category/ Type	33.14										
Bank Service Charge												
Candidate Name	Disbursement For:	<b>Transaction ID : D633938</b>										
Office Sought:			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)									
House <input type="checkbox"/>	State:	District:										
Senate <input type="checkbox"/>												
President <input type="checkbox"/>												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	552.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Citibank, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address PO Box 5870		Amount of Each Disbursement this Period 34.25
City New York	State NY	
Zip Code 10163	Purpose of Disbursement Bank Service Charge	Transaction ID : D637122
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citibank, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address PO Box 5870		Amount of Each Disbursement this Period 16.64
City New York	State NY	
Zip Code 10163	Purpose of Disbursement Bank Service Charge	Transaction ID : D637123
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 430 South Capitol Street SE		Amount of Each Disbursement this Period 10.19
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Postage Reimbursement	Transaction ID : D637156
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.08
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 430 South Capitol Street SE			Amount of Each Disbursement this Period 9,999.99 12.61
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Postage Reimbursement		Category/ Type	<b>Transaction ID : D637157</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Ditto Consulting Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 428 W 23rd St #2B			Amount of Each Disbursement this Period 9,999.99 3000.00
City New York	State NY	Zip Code 10011	
Purpose of Disbursement Campaign Management Services		Category/ Type	<b>Transaction ID : D637151</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Ditto Consulting Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 428 W 23rd St #2B			Amount of Each Disbursement this Period 9,999.99 6500.00
City New York	State NY	Zip Code 10011	
Purpose of Disbursement Campaign Management Services		Category/ Type	<b>Transaction ID : D637148</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9512.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ditto Consulting Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 428 W 23rd St #2B		Amount of Each Disbursement this Period 6500.00 <b>Transaction ID : D637149</b>
City New York	State NY	
Zip Code 10011	Purpose of Disbursement Campaign Management Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ditto Consulting Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 428 W 23rd St #2B		Amount of Each Disbursement this Period 6500.00 <b>Transaction ID : D633965</b>
City New York	State NY	
Zip Code 10011	Purpose of Disbursement Campaign Management Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 30.60 <b>Transaction ID : D637099</b>
City Memphis	State TN	
Zip Code 38101	Purpose of Disbursement Delivery Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13030.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 07 / 2015</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>29.57</b>
City <b>Memphis</b>	State <b>TN</b>	Transaction ID : <b>D637100</b>
Zip Code <b>38101</b>	Purpose of Disbursement <b>Deliveries</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 07 / 2015</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>29.57</b>
City <b>Memphis</b>	State <b>TN</b>	Transaction ID : <b>D637101</b>
Zip Code <b>38101</b>	Purpose of Disbursement <b>Deliveries</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>29.36</b>
City <b>Memphis</b>	State <b>TN</b>	Transaction ID : <b>D633921</b>
Zip Code <b>38101</b>	Purpose of Disbursement <b>Delivery Services</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>88.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>29.36</b>
City <b>Memphis</b>	State <b>TN</b>	
Zip Code <b>38101</b>	Purpose of Disbursement <b>Delivery Services</b>	<b>Transaction ID : D633922</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>61.20</b>
City <b>Memphis</b>	State <b>TN</b>	
Zip Code <b>38101</b>	Purpose of Disbursement <b>Delivery Services</b>	<b>Transaction ID : D633923</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Impressive Paper and Envelope Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>139 East Prospect Avenue</b>		Amount of Each Disbursement this Period <b>6802.00</b>
City <b>Mamaroneck</b>	State <b>NY</b>	
Zip Code <b>10543</b>	Purpose of Disbursement <b>Printing</b>	<b>Transaction ID : D633939</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6892.56</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jewish Post</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 7016 18th Avenue		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : D633942</b>
City Brooklyn	State NY	
Zip Code 11204	Purpose of Disbursement Journal Advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Keypost Realty Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 8197		Amount of Each Disbursement this Period 1466.66 <b>Transaction ID : D633946</b>
City White Plains	State NY	
Zip Code 10602-8197	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Keypost Realty Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address PO Box 8197		Amount of Each Disbursement this Period 1466.66 <b>Transaction ID : D637129</b>
City White Plains	State NY	
Zip Code 10602-8197	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3133.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Keypost Realty Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 8197		Amount of Each Disbursement this Period 1466.66
City White Plains	State NY	
Zip Code 10602-8197	Purpose of Disbursement Office Rent	Transaction ID : D637130
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LCLAA Westchester County Chapter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO Box 8072		Amount of Each Disbursement this Period 300.00
City White Plains	State NY	
Zip Code 10602	Purpose of Disbursement Print Advertisement	Transaction ID : D637161
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LCLAA Westchester County Chapter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO Box 8072		Amount of Each Disbursement this Period 100.00
City White Plains	State NY	
Zip Code 10602	Purpose of Disbursement Event Ticket	Transaction ID : D637162
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1866.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. NEC Financial Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 24189 Network Pl		Amount of Each Disbursement this Period 99.06 <b>Transaction ID : D637146</b>
City Chicago	State IL Zip Code 60673-1241	
Purpose of Disbursement Office Phones Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NEC Financial Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 24189 Network Pl		Amount of Each Disbursement this Period 99.06 <b>Transaction ID : D637147</b>
City Chicago	State IL Zip Code 60673-1241	
Purpose of Disbursement Office Phones Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NEC Financial Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 24189 Network Pl		Amount of Each Disbursement this Period 99.06 <b>Transaction ID : D633962</b>
City Chicago	State IL Zip Code 60673-1241	
Purpose of Disbursement Office Phones Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. New Blue Interactive, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2015</b>		
Mailing Address 4906 Glen Cove Pkway			Amount of Each Disbursement this Period <b>1500.00</b>		
City Bethesda	State MD	Zip Code 20816	Transaction ID : <b>D633955</b>		
Purpose of Disbursement New Media Strategy Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. New Blue Interactive, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2015</b>		
Mailing Address 4906 Glen Cove Pkway			Amount of Each Disbursement this Period <b>1500.00</b>		
City Bethesda	State MD	Zip Code 20816	Transaction ID : <b>D637139</b>		
Purpose of Disbursement New Media Strategy Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. New Blue Interactive, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 15 / 2015</b>		
Mailing Address 4906 Glen Cove Pkway			Amount of Each Disbursement this Period <b>1500.00</b>		
City Bethesda	State MD	Zip Code 20816	Transaction ID : <b>D637140</b>		
Purpose of Disbursement New Media Strategy Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Software, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address 1101 15th St NW Suite 500		Amount of Each Disbursement this Period <b>3150.00</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Campaign Software	
Candidate Name	Category/Type	<b>Transaction ID : D633931</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 13 / 2015</b>
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period <b>63.50</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Fee	
Candidate Name	Category/Type	<b>Transaction ID : D633935</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 10 / 2015</b>
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period <b>54.00</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Fee	
Candidate Name	Category/Type	<b>Transaction ID : D637117</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3267.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 54.00
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Fee	Category/Type	<b>Transaction ID : D637118</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 1301.25
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Accounting Services	Category/Type	<b>Transaction ID : D637125</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 18.72
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Postage Reimbursement	Category/Type	<b>Transaction ID : D637126</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1373.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 103		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 1135.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	Transaction ID : D637127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 3.92
City Washington State DC Zip Code 20036	Purpose of Disbursement Postage Reimbursement	
Candidate Name	Category/Type	Transaction ID : D637128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 1691.25
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	Transaction ID : D633944
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2830.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2015</b>
Mailing Address <b>1050 17th St NW Ste 590</b>			Amount of Each Disbursement this Period <b>9.31</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	
Purpose of Disbursement <b>Postage Reimbursement</b>		Category/ Type	<b>Transaction ID : D633945</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Shoreline Publishing, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2015</b>
Mailing Address <b>629 Fifth Avenue</b>			Amount of Each Disbursement this Period <b>160.00</b>
City <b>Pelham</b>	State <b>NY</b>	Zip Code <b>10803</b>	
Purpose of Disbursement <b>Journal Advertisement</b>		Category/ Type	<b>Transaction ID : D637107</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Suntrust Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2015</b>
Mailing Address <b>PO Box 6600</b>			Amount of Each Disbursement this Period <b>154.70</b>
City <b>Hagerstown</b>	State <b>MD</b>	Zip Code <b>21741</b>	
Purpose of Disbursement <b>Merchant Fees</b>		Category/ Type	<b>Transaction ID : D633947</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>324.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Suntrust Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 1108.51 <b>Transaction ID : D637131</b>
City Hagerstown	State MD	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Suntrust Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 384.72 <b>Transaction ID : D637132</b>
City Hagerstown	State MD	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : D637134</b>
City Washington	State DC	
Purpose of Disbursement Fundraising Consulting Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8493.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 7000.00
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	<b>Transaction ID : D637135</b>
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	<b>Transaction ID : D637136</b>
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 7000.00
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	<b>Transaction ID : D633952</b>
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Jewish Press</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 338 Third Avenue		Amount of Each Disbursement this Period 308.00
City Brooklyn	State NY	
Zip Code 11215	Purpose of Disbursement Journal Advertisement	Transaction ID : D637103
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 790117		Amount of Each Disbursement this Period 287.04
City St. Louis	State MO	
Zip Code 63179-0117	Purpose of Disbursement Campaign Auto Lease	Transaction ID : D633956
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 790117		Amount of Each Disbursement this Period 287.04
City St. Louis	State MO	
Zip Code 63179-0117	Purpose of Disbursement Campaign Auto Lease	Transaction ID : D637141
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	882.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2015</b>
Mailing Address <b>PO Box 790117</b>		Amount of Each Disbursement this Period <b>287.04</b>
City <b>St. Louis</b>	State <b>MO</b>	
Zip Code <b>63179-0117</b>	Purpose of Disbursement <b>Campaign Auto Lease</b>	<b>Transaction ID : D637142</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Utrecht, Kleinfeld, Fiori, Partners</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>1900 M St NW, Ste 500</b>		Amount of Each Disbursement this Period <b>2665.89</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20036</b>	Purpose of Disbursement <b>Legal Services</b>	<b>Transaction ID : D633964</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 26 / 2015</b>
Mailing Address <b>PO Box 489</b>		Amount of Each Disbursement this Period <b>289.97</b>
City <b>Newark</b>	State <b>NJ</b>	
Zip Code <b>07101</b>	Purpose of Disbursement <b>Cell Phone Service</b>	<b>Transaction ID : D637109</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3242.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2015
Mailing Address PO Box 489		Amount of Each Disbursement this Period 293.03 <b>Transaction ID : D637110</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Cell Phone Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address PO Box 489		Amount of Each Disbursement this Period 289.93 <b>Transaction ID : D633930</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Cell Phone Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 2863.67 <b>Transaction ID : D633926</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card Payment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3446.63
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>212 7th Street Southeast</b>		Amount of Each Disbursement this Period <b>660.40</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>Catering</b>	Category/Type	
Candidate Name	Transaction ID : <b>D633953</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>156 University Ave</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>Palo Alto</b>	State <b>CA</b>	Zip Code <b>94301</b>
Purpose of Disbursement <b>Advertising</b>	Category/Type	
Candidate Name	Transaction ID : <b>D633951</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harvard Club Of New York City</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>27 West 44th Street</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10036</b>
Purpose of Disbursement <b>Fundraising Event Catering</b>	Category/Type	
Candidate Name	Transaction ID : <b>D633924</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. NY State Unemployment Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>UI Services 120 Bloomingdale Rd, R</b>		Amount of Each Disbursement this Period <b>488.61</b>
City <b>White Plains</b> State <b>NY</b> Zip Code <b>10605-9920</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D633961</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Onstar Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>PO Box 1027</b>		Amount of Each Disbursement this Period <b>39.66</b>
City <b>Warren</b> State <b>MI</b> Zip Code <b>48090</b>	Purpose of Disbursement <b>Campaign auto service subscription</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D633960</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2015</b>
Mailing Address <b>PO Box 1270</b>		Amount of Each Disbursement this Period <b>4606.08</b>
City <b>Newark</b> State <b>NJ</b> Zip Code <b>07101</b>	Purpose of Disbursement <b>Credit Card Payment</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D637104</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4606.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. At&amp;t Onenet Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address PO Box 830017		Amount of Each Disbursement this Period 25.00
City Baltimore	State MD	Zip Code 21283-0017
Purpose of Disbursement Telecommunication Services	Category/ Type	
Candidate Name	Transaction ID : D637116	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Exxonmobil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 339 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 47.76
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : D637121	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Harvard Club Of New York City</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 27 West 44th Street		Amount of Each Disbursement this Period 4342.11
City New York	State NY	Zip Code 10036
Purpose of Disbursement Fundraising Event Catering	Category/ Type	
Candidate Name	Transaction ID : D637102	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Onstar Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 39.66
City Warren	State MI	
Zip Code 48090	Purpose of Disbursement Campaign auto service subscription	Transaction ID : D637144
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 1116.75
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card Payment	Transaction ID : D637105
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 175.00
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Membership Fee	Transaction ID : D637106
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1116.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Golden Carriage Limousine</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO Box		Amount of Each Disbursement this Period 144.95
City Rye	State NY	
Zip Code 10580	Purpose of Disbursement Event Travel	Transaction ID : D637111 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Menus Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 655 Taylor St NE		Amount of Each Disbursement this Period 256.07
City Washington	State DC	
Zip Code 20017	Purpose of Disbursement Catering	Transaction ID : D637152 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Onstar Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 39.66
City Warren	State MI	
Zip Code 48090	Purpose of Disbursement Campaign auto service subscription	Transaction ID : D637145 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ditto Consulting Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 428 W 23rd St #2B		Amount of Each Disbursement this Period 658.81
City New York	State NY	Zip Code 10011
Purpose of Disbursement Office Expense Reimbursement	Category/ Type	
Candidate Name	Transaction ID : <b>D637150</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 500 Staples Dr.		Amount of Each Disbursement this Period 259.28
City Framingham	State MA	Zip Code 01702
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Transaction ID : <b>D637991</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 620 Mamaroneck Ave		Amount of Each Disbursement this Period 147.00
City White Plains	State NY	Zip Code 10605
Purpose of Disbursement Postage	Category/ Type	
Candidate Name	Transaction ID : <b>D637989</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	658.81
<b>TOTAL</b> This Period (last page this line number only).....	90648.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 103			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mark Angelson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 23 / 2015</b>
Mailing Address <b>876 Park Avenue</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10075-1832</b>	Category/Type	
Purpose of Disbursement <b>Partial Refund of 11/19/15 contribution via ActBlue</b>		<b>Transaction ID : D637163</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5000.00</b>



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 103
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cortland Town Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address 132 Old Post Rd N		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D633967</b>
City Croton on Hudson	State NY	
Zip Code 10520	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 21 / 2015</b>
Mailing Address 430 South Capitol Street SE		Amount of Each Disbursement this Period <b>35000.00</b> <b>Transaction ID : D637158</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Unlimited Transfer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Democratic Majority Action Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address 170 E. Post Road, Ste 207B		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D633934</b>
City White Plains	State NY	
Zip Code 10601	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>37000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 103			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenburgh Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>80 East Hartsdale Avenue</b>			Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D633941</b>
City <b>Hartsdale</b>	State <b>NY</b>	Zip Code <b>10530</b>	
Purpose of Disbursement Nonfederal Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Harrison Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO BOX 686</b>			Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D633927</b>
City <b>Harrison</b>	State <b>NY</b>	Zip Code <b>10528</b>	
Purpose of Disbursement Nonfederal Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Haverstraw Town Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>42 Main St</b>			Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D633957</b>
City <b>Garnerville</b>	State <b>NY</b>	Zip Code <b>10923-1327</b>	
Purpose of Disbursement Nonfederal Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 103			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mount Pleasant Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO Box 444</b>		Amount of Each Disbursement this Period <b>300.00</b> <b>Transaction ID : D633963</b>
City <b>Tarrytown</b> State <b>NY</b> Zip Code <b>10591</b>	Purpose of Disbursement Nonfederal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Castle Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>39 Garden Ridge</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D633950</b>
City <b>Chappaqua</b> State <b>NY</b> Zip Code <b>10514</b>	Purpose of Disbursement Nonfederal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. North Castle Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>103 Old Hickory Way</b>		Amount of Each Disbursement this Period <b>300.00</b> <b>Transaction ID : D633949</b>
City <b>Bedford</b> State <b>NY</b> Zip Code <b>10506</b>	Purpose of Disbursement Nonfederal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 103			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nyack First</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 168 Highland Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D633968</b>
City Nyack	State NY	
Zip Code 10960	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Orangetown Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 68 Sickles Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D633940</b>
City Nyack	State NY	
Zip Code 10960	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ossining Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 9 Stonegate Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D633929</b>
City Ossining	State NY	
Zip Code 10562	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 103			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Peekskill Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>1 Lakeview Dr</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Peekskill</b>	State <b>NY</b>	Zip Code <b>10566-2236</b>
Purpose of Disbursement Nonfederal Contribution	Category/Type	
Candidate Name	Transaction ID : <b>D633958</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rockland County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>PO Box 266</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>New City</b>	State <b>NY</b>	Zip Code <b>10956</b>
Purpose of Disbursement Nonfederal Contribution	Category/Type	
Candidate Name	Transaction ID : <b>D633937</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rye Town Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>325 King Street #31</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Port Chester</b>	State <b>NY</b>	Zip Code <b>10573</b>
Purpose of Disbursement Nonfederal Contribution	Category/Type	
Candidate Name	Transaction ID : <b>D633925</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)  
17 18 19a 19b  
20a 20b 20c  21

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial)  
**A. Stony Point Democratic Committee**

Mailing Address 37 Buckberg Rd

City Tomkins Cove State NY Zip Code 10986

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 20 / 2015

Amount of Each Disbursement this Period  
500.00

Transaction ID : D633959

Full Name (Last, First, Middle Initial)  
**B. Suffern Pride**

Mailing Address 30 Highland Ave

City Suffern State NY Zip Code 10901

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 20 / 2015

Amount of Each Disbursement this Period  
500.00

Transaction ID : D633969

Full Name (Last, First, Middle Initial)  
**C. White Plains Democrats**

Mailing Address 300 Martine Ave

City White Plains State NY Zip Code 10601

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 20 / 2015

Amount of Each Disbursement this Period  
500.00

Transaction ID : D633943

**SUBTOTAL** of Disbursements This Page (optional) ..... 1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 103			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nita Lowey for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yorktown Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address 1375 Walter Road		Amount of Each Disbursement this Period \$ 500.00 <b>Transaction ID : D633948</b>
City Yorktown Heights	State NY Zip Code 10598	
Purpose of Disbursement Nonfederal Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 500.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 46650.00