

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** C00219881
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 18

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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2009 through 03 31 2009

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 Electronically Filed by Richard Melnikoff Date 04 15 2009

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)).....	106917.73	110847.73
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	106917.73	110847.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	120124.22	177568.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	120124.22	177568.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	587643.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name
Nita Lowey for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

63800.00

66100.00

(ii) Unitemized.....

10590.00

11220.00

(iii) TOTAL of contributions

74390.00

77320.00

from individuals..... ▶

27.73

27.73

(b) Political Party Committees.....

32500.00

33500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

106917.73

110847.73

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

270.40

1445.47

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

107188.13

112293.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	120124.22	177568.79
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.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	113600.00	114650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	233724.22	292218.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	714179.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	107188.13
25. SUBTOTAL (add Line 23 and Line 24).....	821368.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	233724.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	587643.81

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Bruce Arbit

Mailing Address 1125 W River Court

City State Zip Code
River Hills WI 53217

FEC ID number of contributing federal political committee. C

Name of Employer
Ad Data, Ltd

Occupation
Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: C17943143

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Joy Avidan

Mailing Address 38 Brae Burn Drive

City State Zip Code
Purchase NY 10577

FEC ID number of contributing federal political committee. C

Name of Employer
NA

Occupation
Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2009

Transaction ID: C17942190

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Janet Bell

Mailing Address 2 Penn Boulevard

City State Zip Code
Scarsdale NY 10583

FEC ID number of contributing federal political committee. C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2009

Transaction ID: C17945930

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL 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: PAGE 6 / 71
(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)
Judith Berkowitz
Mailing Address 15 Dolma Road
City State Zip Code
Scarsdale NY 10583
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 24 / 2009
Transaction ID: C17949287
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Roger S Berlind
Mailing Address 120 East End Ave
City State Zip Code
New York NY 10028
FEC ID number of contributing federal political committee. **C**
Name of Employer Berlind Productions Occupation Producer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 17 / 2009
Transaction ID: C17945995
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenneth L Bialkin
Mailing Address 211 Central Park West
City State Zip Code
New York NY 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Skaaden Arps et al Occupation Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 19 / 2009
Transaction ID: C17947987
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL 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: PAGE 7 / 71
(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

<p>A. Full Name (Last, First, Middle Initial) Buffy Cafritz</p> <p>Mailing Address 5334 Goldsboro Road</p> <p>City State Zip Code Bethesda MD 20817</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NA Occupation Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 11 / 2009</p> <p>Transaction ID: C17945916</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Frances S Carlin</p> <p>Mailing Address 152 Sutton Manor Road</p> <p>City State Zip Code New Rochelle NY 10805</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Actress</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 24 / 2009</p> <p>Transaction ID: C17949282</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Esther Coopersmith</p> <p>Mailing Address 2230 S. Street, NW</p> <p>City State Zip Code Washington DC 20008-4014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NA Occupation NA</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 20 / 2009</p> <p>Transaction ID: C17947650</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL 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: PAGE 8 / 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Donald Duberstein

Mailing Address 10 Beverly Rd

City State Zip Code
Purchase NY 10577

FEC ID number of contributing federal political committee. C

Name of Employer self Employed Occupation Investor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17950838

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Linda A. Ellis

Mailing Address 50 Popham Street #5A

City State Zip Code
Scarsdale NY 10583

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 17 / 2009

Transaction ID: C17945996

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Robert Feder

Mailing Address 9 Oxford Rd

City State Zip Code
White Plains NY 10605

FEC ID number of contributing federal political committee. C

Name of Employer Cuddy & Feder Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 09 / 2009

Transaction ID: C17942245

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL 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 9 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Dennis J Fleming Mailing Address 28 Lake Nanuet Drive City Nanuet State NY Zip Code 10954-3511 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2009 Transaction ID: C17942246 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Rockland County Youth Bureau Occupation: Executive Director Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) Werner Gamby Mailing Address 840 Pirates Cove City Mamaroneck State NY Zip Code 10543 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2009 Transaction ID: C17947969 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: W. Gamby & Co., Inc. Occupation: Importer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) Edythe Gladstein Mailing Address 85 Morris Lane City Scarsdale State NY Zip Code 10583 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2009 Transaction ID: C17945921 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: N/A Occupation: Volunteer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL 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: PAGE 10 / 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Jamie Gordon

Mailing Address 628 Oriental Ave

City Mamaroneck State NY Zip Code 10543

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

Name of Employer NA Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: C17952041

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Leonard Greer

Mailing Address 228 North Street

City Rye State NY Zip Code 10580

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2009

Transaction ID: C17942243

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Robert Hanna

Mailing Address 497 New Rochelle Road

City Bronxville State NY Zip Code 10708

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

Name of Employer Endico Potatoes Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009

Transaction ID: C17952006

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL 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: PAGE 11 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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 Hauser

Mailing Address 24 Heathcote Rd

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Tamarix Capital Corp Financial Advisor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2009

Transaction ID: C17945979

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Maryellen Hilly

Mailing Address 554 Claflin Ave

City State Zip Code
Mamaroneck NY 10543

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

Name of Employer Occupation
New Yorkers Against Gun Violence Advisor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2009

Transaction ID: C17942196

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lisinia Hoch

Mailing Address 39 Matthiessen Park

City State Zip Code
Irvington NY 10533-1512

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

Name of Employer Occupation
N/A Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: C17945865

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

TOTAL 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: PAGE 12 / 71
(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)
Stephen A Hochman
Mailing Address 303 West Street
City State Zip Code
White Plains NY 10605
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Friedman Wittenstein Hochman Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
MM / DD / YYYY
03 / 06 / 2009
Transaction ID: C17942216
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Justin Israel
Mailing Address 150 Central Park S. Apt 1601
City State Zip Code
New York NY 10019-1566
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
KIDS Volunteer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
MM / DD / YYYY
03 / 24 / 2009
Transaction ID: C17949278
Amount of Each Receipt this Period
300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert D. Joffe
Mailing Address 300 West End Ave., Apt 13A
City State Zip Code
New York NY 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
cravath, Swaine & Moore LLP Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
MM / DD / YYYY
03 / 26 / 2009
Transaction ID: C17949201
Amount of Each Receipt this Period
2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3200.00
TOTAL 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: PAGE 13 / 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Marcella S Kahn		Date of Receipt MM / DD / YYYY 03 / 19 / 2009
Mailing Address 11 Meadow Lane		Transaction ID: C17948024
City State Zip Code Purchase NY 10577	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer N/A Occupation Retired	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Earle Kazis		Date of Receipt MM / DD / YYYY 03 / 19 / 2009
Mailing Address 380 Park Avenue		Transaction ID: C17948020
City State Zip Code Rye NY 10580	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Earle W. Kazis Assoc. Inc. Occupation Real Estate Broker	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

C.

Full Name (Last, First, Middle Initial) Jerome Kohlberg, Jr.		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address Cabbage Hill Farm 155 Crow Hill Road		Transaction ID: C17952003
City State Zip Code Mount Kisco NY 10549	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Retired Occupation Retired	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL 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: PAGE 14 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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)
Meredith Kornreich

Mailing Address 133 Wendover Road

City Rye State NY Zip Code 10580

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2009

Transaction ID: C17945889

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Lawrence Labriola

Mailing Address 200 Johnson Rd.

City Scarsdale State NY Zip Code 10583

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

Name of Employer Carmine Labriola Contracting Corporati Occupation Landscaping Contractor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2009

Transaction ID: C17948027

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Donald Landis

Mailing Address 17 Glenbrooke

City White Plains State NY Zip Code 10605

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2009

Transaction ID: C17943178

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL 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: PAGE 15 / 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 Todd Lang

Mailing Address 28 Oxford Road

City State Zip Code
Scarsdale NY 10583

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Weil Gotshal Manges LLP Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17952004

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Edward K Lashins

Mailing Address 3 Stone Hollow Way

City State Zip Code
Armonk NY 10504

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lashins Realty Services Real Estate Developer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17952005

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Liselotte Laster

Mailing Address 23 Round Hill Road

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Travel Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: C17945902

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL 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: PAGE 16 / 71
(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)
Lilo Leeds

Mailing Address 17 Hilltop Drive East

City State Zip Code
Great Neck NY 11021

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: C17956743

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Leff

Mailing Address 3700 Purchase Street

City State Zip Code
Purchase NY 10577

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

Name of Employer National Spinning Company Occupation Chairman of the Board

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2009

Transaction ID: C17945874

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Irwin Levy

Mailing Address 1601 Forum Place Suite 500

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Hilcoast Development Corp. Occupation Chairman & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2009

Transaction ID: C17945931

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL 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: PAGE 17 / 71
(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)
Cheryl Lewy
Mailing Address 1057 Constable Drive
City Mamaroneck State NY Zip Code 10543
FEC ID number of contributing federal political committee. **C**
Name of Employer NA Occupation Former Mayor of Larchmont
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt 03 / 31 / 2009
Transaction ID: C17952022
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cheryl Lewy
Mailing Address 1057 Constable Drive
City Mamaroneck State NY Zip Code 10543
FEC ID number of contributing federal political committee. **C**
Name of Employer NA Occupation Former Mayor of Larchmont
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt 03 / 31 / 2009
Transaction ID: C17952029
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Glen S Lewy
Mailing Address 1057 Constable Drive
City Mamaroneck State NY Zip Code 10543
FEC ID number of contributing federal political committee. **C**
Name of Employer Hudson Ventures Occupation Venture Capitalist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt 03 / 31 / 2009
Transaction ID: C17952024
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7200.00
TOTAL 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: PAGE 18 / 71
(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)
Glen S Lewy

Mailing Address 1057 Constable Drive

City State Zip Code
Mamaroneck NY 10543

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

Name of Employer Occupation
Hudson Ventures Venture Capitalist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17952027

Amount of Each Receipt this Period
2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eugene Lubin

Mailing Address 1200 Midland Ave

City State Zip Code
Yonkers NY 10708

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

Name of Employer Occupation
Westchester Jewish Chronicle Publisher

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C17943155

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alice Mathias

Mailing Address 7 Glendale Road

City State Zip Code
Harrison NY 10528

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

Name of Employer Occupation
The Lamb Company Writer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: C17945927

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

TOTAL 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: PAGE 19 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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)
Edwin Mehlman

Mailing Address 3 Hanley Farm Road

City Warren State RI Zip Code 02885

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

Name of Employer Self Employed Occupation Endodontist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009
Transaction ID: C17947976
Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Roger Mulvihill

Mailing Address 44 Oriole Avenue

City Bronxville State NY Zip Code 10708

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

Name of Employer Dechert Price & Rhoads Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009
Transaction ID: C17947986
Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Toby Myerson

Mailing Address 1056 Fifth Avenue, Apt. 4-AB

City New York State NY Zip Code 10028

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

Name of Employer Paul, Weiss, Rifkind, Wharton & Garris Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2009
Transaction ID: C17949289
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL 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: PAGE 20 / 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Alan J Patricof		Date of Receipt MM / DD / YYYY 03 / 19 / 2009
Mailing Address 830 Park Avenue #11C		Transaction ID: C17948029
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Patricof & Company Ventures Inc.	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Leslie Pollack		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 8 Long Meadow Road		Transaction ID: C17930802
City Bedford	State NY	Zip Code 10506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Yvonne Pollack		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 8 Long Meadow Road		Transaction ID: C17930804
City Bedford	State NY	Zip Code 10506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL 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: PAGE 21 / 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Arleen Priest		Date of Receipt MM / DD / YYYY 03 / 19 / 2009
Mailing Address 41 Hampton Road		Transaction ID: C17947992
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Literary Agency	Occupation Bookkeeper	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Joyce Rheingold		Date of Receipt MM / DD / YYYY 03 / 11 / 2009
Mailing Address 5 Manursing Way		Transaction ID: C17945933
City Rye	State NY	Zip Code 10580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NA	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Mauro Romita		Date of Receipt MM / DD / YYYY 03 / 11 / 2009
Mailing Address 25 Beech Tree Lane		Transaction ID: C17945932
City Pelham	State NY	Zip Code 10803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Castle Oil Inc.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	▶	3650.00
TOTAL 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: PAGE 22 / 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
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 Lenox Hill Hospital Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: C17952026

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Donald Sharp

Mailing Address 66 Avon Road

City Bronxville State NY Zip Code 10708

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 06 / 2009

Transaction ID: C17942235

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Jane Sherman

Mailing Address 25001 River Drive

City Franklin State MI Zip Code 48025

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

Name of Employer N/A Occupation Volunteer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2009

Transaction ID: C17943137

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL 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: PAGE 23 / 71
(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)
Carole Solomon

Mailing Address 993 Park Avenue #7E

City State Zip Code
New York NY 10021

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

Name of Employer N/A Occupation Volunteer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
03 / 24 / 2009

Transaction ID: C17949284

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 720 Milton Rd, Apt. W2B

City State Zip Code
Rye NY 10580

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
03 / 06 / 2009

Transaction ID: C17942233

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard R Straus

Mailing Address 3405 Rodman Street, NW

City State Zip Code
Washington DC 20008

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

Name of Employer Middle East Policy Survey Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
03 / 13 / 2009

Transaction ID: C17943141

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL 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: PAGE 24 / 71
(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)
Frank H Su

Mailing Address 62-60 Booth Street

City State Zip Code
Rego Park NY 11374

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

Name of Employer Occupation
Bank of New York Banker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: C17948009

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
S. Donald Sussman

Mailing Address 100 Sterling Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Paloma Partners Management President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: C17949773

Amount of Each Receipt this Period
2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
S. Donald Sussman

Mailing Address 100 Sterling Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Paloma Partners Management President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: C17949774

Amount of Each Receipt this Period
2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

TOTAL 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: PAGE 25 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
David Swope

Mailing Address 132 Hawkes Avenue

City Ossining State NY Zip Code 10562

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

Name of Employer Club Fit Occupation Real Estate Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2009

Transaction ID: C17948022

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Harold Treiber

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 Halcon LLC Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: C17952032

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Edgar Wachenheim, III

Mailing Address 95 Rye Road

City Rye State NY Zip Code 10580

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

Name of Employer Greenhaven Associates Inc. Occupation Investment Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2009

Transaction ID: C17942236

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL 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: PAGE 26 / 71
(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)
Charles Weinberg

Mailing Address 56 Old Colony Road

City State Zip Code
Hartsdale NY 10530

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2009

Transaction ID: C17942234

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eric D. Witkin

Mailing Address 103 Wendover Lane

City State Zip Code
Rye NY 10580

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

Name of Employer Littler Mendelson PC Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2009

Transaction ID: C17947973

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 63800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 71

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Democratic Congressional Campaign Committee		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20003
FEC ID number of contributing federal political committee.		<input type="text" value="C00000935"/>	Transaction ID: C17931024
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="6.08"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="27.73"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			* In-Kind: Fundraising Services

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20003
FEC ID number of contributing federal political committee.		<input type="text" value="C00000935"/>	Transaction ID: C17955245
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="10.51"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="27.73"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			* In-Kind: Telephone & Fax Services

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20003
FEC ID number of contributing federal political committee.		<input type="text" value="C00000935"/>	Transaction ID: C17969028
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="11.14"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="27.73"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			* In-Kind: Telephone and fax services

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="27.73"/>
TOTAL This Period (last page this line number only)	<input type="text" value="27.73"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 71
(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 Association for Justice PAC

Mailing Address 777 6th Street, NW
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: C17949776
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Federation of Government Employees PAC

Mailing Address 80 F Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: C17949779
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Hospital Association Political Action Com

Mailing Address 325 Seventh Street NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: C17969073
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4500.00

TOTAL 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: PAGE 29 / 71
(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)
Boeing Political Action Committee

Mailing Address 1200 Wilson Boulevard

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C17952010

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CIBA SPECIALTY CHEMICALS CORPORATION EMPLOYEE GOOD

Mailing Address % Vincent Livoti Ciba Spec. Chem.
540 White Plains Road

City State Zip Code
Tarrytown NY 10591

FEC ID number of contributing federal political committee. **C** C00326033

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 9

Transaction ID: C17943134

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Desert Caucus PAC

Mailing Address PO BOX 31564

City State Zip Code
Tucson AZ 85751

FEC ID number of contributing federal political committee. **C** C00102368

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 9

Transaction ID: C17906821

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

TOTAL 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: PAGE 30 / 71
(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)
Desert Caucus PAC
Mailing Address PO BOX 31564
City Tucson State AZ Zip Code 85751
FEC ID number of contributing federal political committee. **C** C00102368
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 01 / 12 / 2009
Transaction ID: C17906822
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INT
Mailing Address 1125 17TH ST. NW
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00029504
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: C17952015
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE
Mailing Address 101 Constitution Avenue NW Suite 500 West
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00096156
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: C17952011
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL 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: PAGE 31 / 71
(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)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C17952012

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
LIFE TECHNOLOGIES CORPORATION EMPLOYEES POLITICAL

Mailing Address 1050 K Street NW, Suite 310
Suite #580 South

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00404442

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 9

Transaction ID: C17949781

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 9

Transaction ID: C17949290

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

TOTAL 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: PAGE 32 / 71
(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)
National Air Traffic Controllers Association PAC
Mailing Address 1325 Massachusetts Avenue, NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00238725
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 25 / 2009
Transaction ID: C17949778
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Committee to Preserve Social Security and
Mailing Address Medicare Federal PAC
10 G Street Street NE #600
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C** C00172296
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 25 / 2009
Transaction ID: C17949775
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION POLITIC
Mailing Address 205 DAINGERFIELD ROAD
City ALEXANDRIA State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00030809
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 25 / 2009
Transaction ID: C17949782
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL 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: PAGE 33 / 71
(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)
Raytheon Company Political Action Committee

Mailing Address 1100 Wilson Boulevard
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 19 / 2009
Transaction ID: C17947192
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG

Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: C17959553
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
UNITED PILOTS PAC/AIRLINE PILOTS ASSOCIATION

Mailing Address 9550 W. Higgins Rd.
Suite 1000

City ROSEMONT State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00251009

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: C17969074
Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ► 32500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 71
(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 State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1445.47

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: C17906825

Amount of Each Receipt this Period
128.73

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Citibank, N.A.

Mailing Address PO Box 5870

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1445.47

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C17969413

Amount of Each Receipt this Period
76.79

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Citibank, N.A.

Mailing Address PO Box 5870

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1445.47

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C17969414

Amount of Each Receipt this Period
64.88

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **270.40**

TOTAL This Period (last page this line number only) ► **270.40**

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Angel Media & Publishing Inc.</p> <p>Mailing Address 26 Snake Hill Rd D/B/A Rockland Review</p> <p>City West Nyack State NY Zip Code 10994-1610</p> <p>Purpose of Disbursement Journal Advertisement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369396 Date of Disbursement 01 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Beta Parking</p> <p>Mailing Address 545 5th Avenue</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Monthly Parking Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369462 Date of Disbursement 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 400.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Beta Parking</p> <p>Mailing Address 545 5th Avenue</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Monthly Parking Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369510 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 200.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1201.38

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Boys & Girls Clubs of N. Westchester</p> <p>Mailing Address 351 Main St</p> <p>City Mt. Kisco State NY Zip Code 10549</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369488</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Citibank, N.A.</p> <p>Mailing Address PO Box 5870</p> <p>City New York State NY Zip Code 10163</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369410</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 3.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Citibank, N.A.</p> <p>Mailing Address PO Box 5870</p> <p>City New York State NY Zip Code 10163</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369440</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 11.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

265.36

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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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 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369519 Date of Disbursement 03 / 10 / 2009 Amount of Each Disbursement this Period 22.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Citibank, N.A. Mailing Address PO Box 5870 City New York State NY Zip Code 10163 Purpose of Disbursement Federal Income Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369536 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 2296.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kristen DeFilippe Mailing Address 4 Sealand Dr. City Newtown State CT Zip Code 06470 Purpose of Disbursement Intern Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369398 Date of Disbursement 01 / 04 / 2009 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2818.34
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Services

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D363981

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

* In-Kind Received

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
Telephone & Fax Services

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D367947

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

* In-Kind Received

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
Telephone and fax services

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D369190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Direct Mail of New York, Inc. Mailing Address 3199 Alba Post Road Suite 158 City Buchanan State NY Zip Code 10511 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369477 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 4620.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kimberly L. DiTomasso Mailing Address 131 Reid Avenue City Breezy Point State NY Zip Code 11697 Purpose of Disbursement Political Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369459 Date of Disbursement 02 / 15 / 2009 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kimberly L. DiTomasso Mailing Address 131 Reid Avenue City Breezy Point State NY Zip Code 11697 Purpose of Disbursement Office Supplies Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369460 Date of Disbursement 02 / 15 / 2009 Amount of Each Disbursement this Period 76.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

9696.96

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Kimberly L. DiTomasso</p> <p>Mailing Address 131 Reid Avenue</p> <p>City Breezy Point State NY Zip Code 11697</p> <p>Purpose of Disbursement Political Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369534</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Eastchester St. Patrick's Day Parade Fund</p> <p>Mailing Address PO Box 142</p> <p>City Eastchester State NY Zip Code 10709</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369483</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address PO BOX 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369468</p> <p>Date of Disbursement 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 29.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5289.08

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D369469
	Mailing Address PO BOX 1140	Date of Disbursement 02 / 15 / 2009
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period 22.08
	Purpose of Disbursement Deliveries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D369470
	Mailing Address PO BOX 1140	Date of Disbursement 02 / 15 / 2009
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period 13.67
	Purpose of Disbursement Deliveries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D369391
	Mailing Address PO BOX 1140	Date of Disbursement 01 / 04 / 2009
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period 61.39
	Purpose of Disbursement Deliveries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	97.14
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address PO BOX 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369392</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.59"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address PO BOX 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369513</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address PO BOX 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369514</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.88"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

85.22

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D369515
	Mailing Address PO BOX 1140	Date of Disbursement 03 / 10 / 2009
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period 68.82
	Purpose of Disbursement Deliveries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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.	Full Name (Last, First, Middle Initial) FMBS Merchant Services	Transaction ID: D369504
	Mailing Address 2 Westbrook Drive Suite 200	Date of Disbursement 03 / 02 / 2009
	City Westchester State IL Zip Code 60154	Amount of Each Disbursement this Period 78.20
	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	

C.	Full Name (Last, First, Middle Initial) FMBS Merchant Services	Transaction ID: D369384
	Mailing Address 2 Westbrook Drive Suite 200	Date of Disbursement 01 / 02 / 2009
	City Westchester State IL Zip Code 60154	Amount of Each Disbursement this Period 78.20
	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	

SUBTOTAL of Disbursements This Page (optional)	225.22
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)

<input checked="checked" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) FMBS Merchant Services		Transaction ID: D369418	
	Mailing Address 2 Westbrook Drive Suite 200		Date of Disbursement 02 / 02 / 2009	
	City Westchester	State IL	Zip Code 60154	Amount of Each Disbursement this Period 78.20
Purpose of Disbursement Merchant Fees		Category/ Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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.	Full Name (Last, First, Middle Initial) Ford Credit		Transaction ID: D369393	
	Mailing Address PO Box 220564		Date of Disbursement 01 / 04 / 2009	
	City Pittsburgh	State PA	Zip Code 15257-2564	Amount of Each Disbursement this Period 326.52
Purpose of Disbursement Monthly Car Lease		Category/ Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:				

C.	Full Name (Last, First, Middle Initial) Ford Credit		Transaction ID: D369471	
	Mailing Address PO Box 220564		Date of Disbursement 02 / 15 / 2009	
	City Pittsburgh	State PA	Zip Code 15257-2564	Amount of Each Disbursement this Period 326.52
Purpose of Disbursement Monthly Car Lease		Category/ Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:				

SUBTOTAL of Disbursements This Page (optional)	731.24
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 220564 City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Monthly Car Lease 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:	Transaction ID: D369511 Date of Disbursement 03 / 10 / 2009 Amount of Each Disbursement this Period 326.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) G.E. Capital Mailing Address PO BOX 642111 City Pittsburgh State PA Zip Code 15264 Purpose of Disbursement Equipment Rental 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:	Transaction ID: D369467 Date of Disbursement 02 / 15 / 2009 Amount of Each Disbursement this Period 211.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) G.E. Capital Mailing Address PO BOX 642111 City Pittsburgh State PA Zip Code 15264 Purpose of Disbursement Equipment Rental 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:	Transaction ID: D369479 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 167.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

705.70

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) G.E. Capital Mailing Address PO BOX 642111 City Pittsburgh State PA Zip Code 15264 Purpose of Disbursement Equipment Rental Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369388 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 9 Amount of Each Disbursement this Period 167.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hadassah - Westchester Region Mailing Address 10 Midland Ave City Port Chester State NY Zip Code 10573 Purpose of Disbursement Journal Advertisement Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369430 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company Mailing Address 139 East Prospect Avenue City Mamaroneck State NY Zip Code 10543 Purpose of Disbursement Printing Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369389 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 9 Amount of Each Disbursement this Period 22128.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	22596.50
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	Transaction ID: D369390 Date of Disbursement
	Mailing Address 139 East Prospect Avenue	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Mamaroneck State NY Zip Code 10543	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="322.12"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	Transaction ID: D369498 Date of Disbursement
	Mailing Address 139 East Prospect Avenue	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Mamaroneck State NY Zip Code 10543	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="2147.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	Transaction ID: D369499 Date of Disbursement
	Mailing Address 139 East Prospect Avenue	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Mamaroneck State NY Zip Code 10543	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="13314.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15784.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Jewish Media Group

Mailing Address 1086 Teaneck Road

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369457
Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

888.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jewish Tribune

Mailing Address 78 Randall Avenue

City Rockville Centre State NY Zip Code 11570

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369456
Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

627.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Key Post Realty Corp.

Mailing Address PO Box 26

City New Rochelle State NY Zip Code 10802

Purpose of Disbursement
Office Rent
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369387
Date of Disbursement

01 / 04 / 2009

Amount of Each Disbursement this Period

1466.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2982.23

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.	Transaction ID: D369417 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO Box 26	Amount of Each Disbursement this Period 1466.66
	City New Rochelle State NY Zip Code 10802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.	Transaction ID: D369503 Date of Disbursement 03 / 02 / 2009
	Mailing Address PO Box 26	Amount of Each Disbursement this Period 1466.66
	City New Rochelle State NY Zip Code 10802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NetCampaign, LLC	Transaction ID: D369509 Date of Disbursement 03 / 10 / 2009
	Mailing Address 4704 46th St, NW	Amount of Each Disbursement this Period 75.00
	City Washington State DC Zip Code 20016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3008.32
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
NetCampaign, LLC

Mailing Address 4704 46th St, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Web Hosting and Maintenance

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369478
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
NetCampaign, LLC

Mailing Address 4704 46th St, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Web Hosting and Maintenance

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369465
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address 5039 Connecticut Ave, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Software License Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369466
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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 51 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Noam Bramson</p> <hr/> <p>Mailing Address 201 Pinebrook Boulevard</p> <hr/> <p>City New Rochelle State NY Zip Code 10804</p> <hr/> <p>Purpose of Disbursement Political Consulting Services</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369416</p> <p>Date of Disbursement MM / DD / YYYY 02 / 02 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 3750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Noam Bramson</p> <hr/> <p>Mailing Address 201 Pinebrook Boulevard</p> <hr/> <p>City New Rochelle State NY Zip Code 10804</p> <hr/> <p>Purpose of Disbursement Political Consulting Services</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369386</p> <p>Date of Disbursement MM / DD / YYYY 01 / 04 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 3750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Noam Bramson</p> <hr/> <p>Mailing Address 201 Pinebrook Boulevard</p> <hr/> <p>City New Rochelle State NY Zip Code 10804</p> <hr/> <p>Purpose of Disbursement Political Consulting Services</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369502</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 3750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11250.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369516 Date of Disbursement 03 / 10 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 750.00
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369517 Date of Disbursement 03 / 10 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 1722.50
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369518 Date of Disbursement 03 / 10 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 20.00
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimburse copying expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2492.50
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369473 Date of Disbursement 02 / 15 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 2243.75
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369474 Date of Disbursement 02 / 15 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 1200.00
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PCMS, LLC	Transaction ID: D369475 Date of Disbursement 02 / 15 / 2009
	Mailing Address 5304 McKinley Street	Amount of Each Disbursement this Period 97.45
	City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Deliveries Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3541.20
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Rising Publications LLC

Mailing Address 40 Larking Plaza, 2nd FL

City Yonkers State NY Zip Code 10701

Purpose of Disbursement
Journal Advertisements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369395
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Rockland County Times

Mailing Address 119 Main St 2nd FL

City Nanuet State NY Zip Code 10954

Purpose of Disbursement
Journal Advertisements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369461
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Shoreline Publishing, Inc.

Mailing Address 629 Fifth Avenue

City Pelham State NY Zip Code 10803

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369404
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Shoreline Publishing, Inc.</p> <p>Mailing Address 629 Fifth Avenue</p> <p>City Pelham State NY Zip Code 10803</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369397</p> <p>Date of Disbursement 01 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 635.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) SunTrust Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369411</p> <p>Date of Disbursement 01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 29.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) SunTrust Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369442</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 29.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

694.90

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) SunTrust Merchant Services	Transaction ID: D369535 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Hagerstown State MD Zip Code 21741	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="29.95"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Frost Group	Transaction ID: D369415 Date of Disbursement
	Mailing Address 2737 Devonshire Place, NW #325	<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Services	<input type="text" value="5000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Frost Group	Transaction ID: D369385 Date of Disbursement
	Mailing Address 2737 Devonshire Place, NW #325	<input type="text" value="01"/> <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Services	<input type="text" value="5000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10029.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) The Frost Group</p> <p>Mailing Address 2737 Devonshire Place, NW #325</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369501</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Twenty First Century Group, Inc.</p> <p>Mailing Address 434 New Jersey Ave, SE</p> <p>City Washington, State DC Zip Code 20003</p> <p>Purpose of Disbursement Site Rental/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369406</p> <p>Date of Disbursement MM / DD / YYYY 01 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Twenty First Century Group, Inc.</p> <p>Mailing Address 434 New Jersey Ave, SE</p> <p>City Washington, State DC Zip Code 20003</p> <p>Purpose of Disbursement Site Rental/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369507</p> <p>Date of Disbursement MM / DD / YYYY 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Ukranian Heritage Festival	Transaction ID: D369482 Date of Disbursement 02 / 25 / 2009
	Mailing Address 34 Homewood Avenue	Amount of Each Disbursement this Period 250.00
	City Yonkers State NY Zip Code 10701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Journal Advertisement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Valhalla Schools Foundation	Transaction ID: D369484 Date of Disbursement 02 / 25 / 2009
	Mailing Address PO Box	Amount of Each Disbursement this Period 500.00
	City Valhalla State NY Zip Code 10595	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Journal Advertisement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D369464 Date of Disbursement 02 / 15 / 2009
	Mailing Address PO BOX 489	Amount of Each Disbursement this Period 481.96
	City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1231.96
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 350 Granite Street</p> <p>City Braintree State MA Zip Code 02184</p> <p>Purpose of Disbursement Office Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369500</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 365.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 350 Granite Street</p> <p>City Braintree State MA Zip Code 02184</p> <p>Purpose of Disbursement Office Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369414</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 364.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 350 Granite Street</p> <p>City Braintree State MA Zip Code 02184</p> <p>Purpose of Disbursement Office Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369545</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 380.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1110.81

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Westchester Coalition for the Hungry and

Mailing Address and Homeless 48 Mamaroneck Ave, St

City State Zip Code
White Plains NY 10601

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369487
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Westchester Jewish Conference

Mailing Address 701 Westchester Ave, Ste 203E

City State Zip Code
White Plains NY 10604

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369428
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
White Plains Police Benevolent Associatio

Mailing Address PO Box 327

City State Zip Code
White Plains NY 10605

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D369431
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) White Plains Times</p> <p>Mailing Address 31 Mamaroneck Ave, Ste 601</p> <p>City White Plains State NY Zip Code 10601</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369433 Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 425.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Yonkers Chamber of Commerce</p> <p>Mailing Address 20 South Broadway #1207</p> <p>City Yonkers State NY Zip Code 10701</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369423 Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO BOX 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369443 Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5322.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6047.92

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO BOX 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Membership Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369453</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Arizona Inn</p> <p>Mailing Address 2200 E Elm St</p> <p>City Tucson State AZ Zip Code 85719</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369445</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 417.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bittersweet Catering</p> <p>Mailing Address 823 King St</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369447</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2744.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Dav-El Reservations System, Inc.

Mailing Address 200 Second Street

City Chelsea State MA Zip Code 02150-1802

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369446

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1692.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 620 Mamaroneck Ave

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369444

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

219.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO BOX 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Cell Phone Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369451

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

63.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D369543 Date of Disbursement 03 / 18 / 2009
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 769.76
	City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: D369538 Date of Disbursement 03 / 18 / 2009
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 249.80
	City Chicago State IL Zip Code 60601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: D369540 Date of Disbursement 03 / 18 / 2009
	Mailing Address 620 Mamaroneck Ave	Amount of Each Disbursement this Period 178.64
	City White Plains State NY Zip Code 10605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	769.76
TOTAL This Period (last page this line number only)	115958.54

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Unlimited Transfer of Excess Funds</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369546</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 100000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Food Bank for Westchester</p> <p>Mailing Address 358 Saw Mill River Rd</p> <p>City Milwood State NY Zip Code 10546</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369528</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Greyston Foundation</p> <p>Mailing Address 21 Park Avenue</p> <p>City Yonkers State NY Zip Code 10703</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D369532</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	101500.00
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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Hastings Democratic Committee Mailing Address 35 Ashley Road City Hastings On Hudson State NY Zip Code 10706 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369524 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Irvington Democratic Committee Mailing Address 15 Jaffray Park City Irvington State NY Zip Code 10533 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369525 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Larchmont Democratic Committee Mailing Address 8 Bay Street City Larchmont State NY Zip Code 10538 Purpose of Disbursement Nonfederal Contribution Candidate Name Larchmont Democratic Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D369523 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
My Sister's Place

Mailing Address 2 Lyon Place, Ste 300

City State Zip Code
White Plains NY 10601

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369531
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Pelham Democratic Committee

Mailing Address 45 Young Avenue

City State Zip Code
Pelham NY 10803

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369521
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Port Chester Democratic Committee

Mailing Address 6 Maplewood Lane

City State Zip Code
Port Chester NY 10573

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369520
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

TOTAL This Period (last page this line number only) ▶

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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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Rockland Community College Foundation

Mailing Address 145 College Road

City Suffern State NY Zip Code 10901

Purpose of Disbursement

Donation

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D369533

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
SCOTT MURPHY FOR CONGRESS

Mailing Address 615 Glen Street

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
2009 Special General Contribution

Candidate Name
M Scott Murphy

Category/Type

Office Sought: House Senate President

State: NY District: 20

Disbursement For: 2010 Primary General Other (specify) ▼

Special General

Transaction ID: D369506

Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
SCOTT MURPHY FOR CONGRESS

Mailing Address 615 Glen Street

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
2009 Special Primary Contribution

Candidate Name
M Scott Murphy

Category/Type

Office Sought: House Senate President

State: NY District: 20

Disbursement For: 2010 Primary General Other (specify) ▼

Special Primary

Transaction ID: D369441

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Sleepy Hollow Democratic Committee

Mailing Address 139 Cortland Street

City Sleepy Hollow State NY Zip Code 10591

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Tarrytown Democratic Committee

Mailing Address 169 Altamont Avenue

City Tarrytown State NY Zip Code 10591

Purpose of Disbursement
Nonfederal Contribution

Candidate Name
Tarrytown Democratic Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Tuckahoe Democratic Committee

Mailing Address 50 Columbus Avenue

City Tuckahoe State NY Zip Code 10707

Purpose of Disbursement
Nonfederal Contribution

Candidate Name
Tuckahoe Democratic Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	9

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

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**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)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Westchester Community College Foundation	Transaction ID: D369530 Date of Disbursement 03 / 11 / 2009
	Mailing Address 75 Grasslands Rd	Amount of Each Disbursement this Period 1000.00
	City Valhalla State NY Zip Code 10595	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Westchester County Democratic Comm	Transaction ID: D369455 Date of Disbursement 02 / 15 / 2009
	Mailing Address 170 East Post Road #210	Amount of Each Disbursement this Period 2500.00
	City White Plains State NY Zip Code 10601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transfer of Excess Campaign Funds	
	Candidate Name Westchester County Democratic Comm	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Yonkers PAL	Transaction ID: D369529 Date of Disbursement 03 / 11 / 2009
	Mailing Address 172 North Broadway	Amount of Each Disbursement this Period 500.00
	City Yonkers State NY Zip Code 10701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
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 71 / 71

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Young Democrats of America

Mailing Address 430 South Capitol SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Young Democrats of America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D369476

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

113600.00