

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

<b>1. NAME OF COMMITTEE IN FULL</b> Nita Lowey for Congress			
ADDRESS (number and street) PO Box 271			
<b>CITY</b> White Plains	<b>STATE</b> NY	<b>ZIP CODE</b> 10605	
<b>2. NAME OF CANDIDATE</b> Lowey, Nita, M, ,		<b>3. OFFICE SOUGHT (State and District)</b> House NY 17	
<b>4. FEC IDENTIFICATION NUMBER</b> C00219881			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
<b>A. FULL NAME</b> Pardes, Herbert, , Dr.,		Name of Employer NY Presbyterian Hospital	
MAILING ADDRESS 601 W 113th St Apt 11A		Date (month, day, year) 10/31/2016	
CITY New York		Amount 1000.00	
STATE NY		Transaction ID : C22112718	
ZIP CODE 10025-9716		Occupation CEO	
<b>B. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		Amount	
STATE		Occupation	
ZIP CODE			
<b>C. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		Amount	
STATE		Occupation	
ZIP CODE			
<b>D. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		Amount	
STATE		Occupation	
ZIP CODE			
<b>E. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		Amount	
STATE		Occupation	
ZIP CODE			
<b>SIGNATURE (optional)</b> Melnikoff, Richard, , ,		<b>DATE</b> 11/01/2016	
[Electronically Filed]		<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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