

**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

10805

2. **FEC IDENTIFICATION NUMBER**

C00218881

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 08 26 2004 through 09 30 2004

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 10 13 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period: From: ^{M M} 0 8 ^{D D} 2 8 ^{Y Y Y Y} 2 0 0 4 To: ^{V M} 0 9 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 4

| | 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(a))..... | 11285.00 | 1475862.43 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 4000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 11285.00 | 1471962.43 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 29301.83 | 956075.59 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 91.74 | 1393.65 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 29210.09 | 954681.94 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1517312.69 | |
| 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

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Nita Lowey for Congress

Report Covering the Period: From: ^{M M} 0 8 ^{D J} 2 8 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 9 ^{U J} 3 0 ^{Y Y Y Y} 2 0 0 4

| 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)..... | 8325.00 | |
| (ii) Unitemized..... | 710.00 | |
| (iii) TOTAL of contributions | 9035.00 | 1202242.40 |
| from individuals..... ▶ | | |
| (b) Political Party Committees..... | 0.00 | 2624.03 |
| (c) Other Political Committees (such as PACS)..... | 2250.00 | 271096.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 11285.00 | 1475962.43 |
| 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.)..... | 91.74 | 1393.65 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 2357.48 | 23182.69 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 13734.22 | 1500538.77 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|----------|------------|
| 17. OPERATING EXPENDITURES..... | 29301.83 | 956075.59 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 25000.00 |
| 19. LOAN REPAYMENTS: | | |
| (b) 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 |
| <hr/> | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 4000.00 |
| (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 | 4000.00 |
| <hr/> | | |
| 21. OTHER DISBURSEMENTS..... | 22000.00 | 192895.00 |
| <hr/> | | |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>] | 51301.83 | 1177970.59 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1554880.30 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 13734.22 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1568614.52 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 51301.83 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1517312.69 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

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

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

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Elyce Stuart Abraham | | Date of Receipt M / D / Y 09 / 01 / 2004 |
| Mailing Address 227 Griffen Ave | | Transaction ID: C2968363 |
| 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 CMRW | Occupation Legal Search Consultant | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Thomas H. Christofferson | | Date of Receipt M / D / Y 09 / 08 / 2004 |
| Mailing Address 5 Hampshire Circle | | Transaction ID: C2968362 |
| City Bronxville | State NY | Zip Code 10708 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer JPMorgan Chase | Occupation Financial Services Executive | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Patricia Falkenberg | | Date of Receipt M / D / Y 09 / 14 / 2004 |
| Mailing Address 23 Oak Lane | | Transaction ID: C2971362 |
| City Scarsdale | State NY | Zip Code 10583 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Interior Designer | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Pauline M. Gluckson | | Date of Receipt M / D / Y 09 / 08 / 2004 |
| Mailing Address 200 E 88th St., Apt. C503 | | Transaction ID: C2968394 |
| City New York | State NY | Zip Code 10021 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer N/A | Occupation Retired | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Sim R. Gluckson | | Date of Receipt M / D / Y 09 / 08 / 2004 |
| Mailing Address 200 East 88th St., Apt. C503 | | Transaction ID: C2968395 |
| City New York | State NY | Zip Code 10021 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer N/A | Occupation Retired | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mary Lindsay | | Date of Receipt M / D / Y 09 / 14 / 2004 |
| Mailing Address 18 Sutton Place | | Transaction ID: C2971381 |
| City New York | State NY | Zip Code 10022 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation Retired | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 650.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Janet Olshansky | | Date of Receipt M / D / Y 09 / 24 / 2004 |
| Mailing Address 2373 Broadway, PH. 4 | | Transaction ID: C2968859 |
| City New York | State NY | Zip Code 10024 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Information Requested Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Occupation Information Requested Election Cycle-to-Date ▼ 1000.00 | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Seymour Schwartz | | Date of Receipt M / D / Y 09 / 01 / 2004 |
| Mailing Address 100 Putnam Green | | Transaction ID: C2968360 |
| City Greenwich | State CT | Zip Code 06820 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Fawn Associates | Occupation Executive | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 X Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 850.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Evelyn M. Stock | | Date of Receipt M / D / Y 09 / 14 / 2004 |
| Mailing Address 87 Catherine Road | | Transaction ID: C2971383 |
| City Scarsdale | State NY | Zip Code 10583-6518 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-Employed | Occupation Doctor | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 X Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Geraldine Uhfelder | | Date of Receipt 09 / 01 / 2004 |
| Mailing Address 10 Harvest Drive | | Transaction ID: C2968358 |
| City Scarsdale | State NY | Zip Code 10583 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer Self-Employed | Occupation Artist | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-1) |
| Receipt For: 2004 X Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 125.00 |
| TOTAL This Period (last page this line number only) | ▶ | 8325.00 |

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

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

FOR LINE NUMBER: PAGE 9 / 36

(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

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. American Federation Of State County & Municipal Em | | Date of Receipt M / D / Y 09 / 14 / 2004 |
| Mailing Address 1625 L Street NW | | Transaction ID: C2968861 |
| City | State | Zip Code |
| Washington | DC | 20036 |
| FEC ID number of contributing federal political committee. C C00011114 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 3500.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. American Foreign Service Association PAC | | Date of Receipt M / D / Y 09 / 24 / 2004 |
| Mailing Address 2101 E Street, NW | | Transaction ID: C2968864 |
| City | State | Zip Code |
| Washington | DC | 20037 |
| FEC ID number of contributing federal political committee. C CD0374363 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. ASGAP Legislative Fund for the Arts | | Date of Receipt M / D / Y 09 / 01 / 2004 |
| Mailing Address 1 Lincoln Plaza | | Transaction ID: C2968384 |
| City | State | Zip Code |
| New York | NY | 10023 |
| FEC ID number of contributing federal political committee. C CD0228298 | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2250.00 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. G.E. Capital | | Date of Receipt M / D / Y Y Y Y 09 / 24 / 2004 |
| Mailing Address PD BOX 6421 11 | | Transaction ID: C2968866 |
| City | State | Zip Code |
| Pittsburgh | PA | 15264 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 65.01 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 106.10 | |
| | | Distribution from class action suit |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. G.E. Capital | | Date of Receipt M / D / Y Y Y Y 09 / 24 / 2004 |
| Mailing Address PD BOX 6421 11 | | Transaction ID: C2968866 |
| City | State | Zip Code |
| Pittsburgh | PA | 15264 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 26.73 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 108.10 | |
| | | Distribution from class action suit |

| | | |
|---|---|--------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 91.74 |
| TOTAL This Period (last page this line number only) | ▶ | 91.74 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Chase Manhattan Bank | | Date of Receipt M / D / Y 08 / 31 / 2004 |
| Mailing Address 349 Fifth Avenue | | Transaction ID: C2971368 |
| City New York | State NY | Zip Code 10016-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5.98 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 2215.41 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Chase Manhattan Bank | | Date of Receipt M / D / Y 09 / 30 / 2004 |
| Mailing Address 349 Fifth Avenue | | Transaction ID: C2971618 |
| City New York | State NY | Zip Code 10016-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5.89 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 2215.41 | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Citibank N.A. | | Date of Receipt M / D / Y 08 / 31 / 2004 |
| Mailing Address PO Box 5870 | | Transaction ID: C2971384 |
| City New York | State NY | Zip Code 10163 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1189.52 |
| Name of Employer | Occupation | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: Primary General Other (specify) ▼ | Election Cycle-to-Date ▼ 12715.00 | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1181.39 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

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

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| | |
|---|--|
| NAME OF COMMITTEE (In Full) Nita Lowey for Congress | |
| Full Name (Last, First, Middle Initial) A. Citibank, N.A. Mailing Address PD Box 5870 City State Zip Code New York NY 10163 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004 Transaction ID: C2971365 Amount of Each Receipt this Period 1176.09 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Name of Employer Receipt For: Primary General Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 12715.00 |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1176.09 |
| TOTAL This Period (last page this line number only) | ▶ | 2357.48 |

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Affiliated Photographic Services, Inc.

Mailing Address PO Box 61-H

City Scarsdale State NY Zip Code 10583-8561

Purpose of Disbursement
Photography Services

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88220
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

2317.00

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

Full Name (Last, First, Middle Initial)
B. American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fees

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88198
Date of Disbursement

09 / 03 / 2004

Amount of Each Disbursement this Period

5.00

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

Full Name (Last, First, Middle Initial)
C. Antonio Meucci Lodge #213

Mailing Address 279 Maple Avenue

City White Plains State NY Zip Code 10606

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88194
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

125.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2447.00

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Bramson, Noam

Mailing Address 201 Pinebrook Boulevard

City New Rochelle State NY Zip Code 10804

Purpose of Disbursement
 Reimburse Office Supplies Expense

Candidate Name

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

State: District

Category/
 Type

Transaction ID: D88218

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

1088.18

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

Full Name (Last, First, Middle Initial)

B. Century Direct, LLC

Mailing Address 30-00 47th Avenue

City Long Island City State NY Zip Code 11101-3415

Purpose of Disbursement
 Printing

Candidate Name

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

State: District

Category/
 Type

Transaction ID: D88225

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

695.20

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

Full Name (Last, First, Middle Initial)

C. Chase Manhattan Bank

Mailing Address 349 Fifth Avenue

City New York State NY Zip Code 10018-0001

Purpose of Disbursement
 Bank Service Charges

Candidate Name

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

State: District

Category/
 Type

Transaction ID: D88163

Date of Disbursement

08 / 31 / 2004

Amount of Each Disbursement this Period

10.85

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

SUBTOTAL of Disbursements This Page (optional) ▶

1794.23

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)

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| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Chase Manhattan Bank

Mailing Address 349 Fifth Avenue

City New York State NY Zip Code 10016-0001

Purpose of Disbursement
Bank Service Charges

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88177

Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

11.02

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

Full Name (Last, First, Middle Initial)

B. Chase Merchant Services

Mailing Address 45 Knollwood Road

City Elmsford State NY Zip Code 10523

Purpose of Disbursement
Merchant Fees

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88191

Date of Disbursement

09 / 02 / 2004

Amount of Each Disbursement this Period

73.10

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

Full Name (Last, First, Middle Initial)

C. Congregation Brothers of Israel

Mailing Address 118 Crary Avenue

City Mount Vernon State NY Zip Code 10550

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88193

Date of Disbursement

09 / 07 / 2004

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) ▶

334.12

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

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Creative Advertising Techniques, Inc.

Mailing Address 271 North Avenue

City New Rochelle State NY Zip Code 10801

Purpose of Disbursement
 Printing

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D88228
 Date of Disbursement
 09 / 07 / 2004

Amount of Each Disbursement this Period

1436.21

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

Full Name (Last, First, Middle Initial)
B. CTS Holdings, LLC

Mailing Address 2525 Horizon Lake Drive, Suite 120

City Memphis State TN Zip Code 38133

Purpose of Disbursement
 Merchant Fee

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D88158
 Date of Disbursement
 08 / 26 / 2004

Amount of Each Disbursement this Period

35.00

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

Full Name (Last, First, Middle Initial)
C. CTS Holdings, LLC

Mailing Address 2525 Horizon Lake Drive, Suite 120

City Memphis State TN Zip Code 38133

Purpose of Disbursement
 Merchant Fee

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/
 Type

Transaction ID: D88216
 Date of Disbursement
 09 / 08 / 2004

Amount of Each Disbursement this Period

35.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1506.21

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Kimberly L. DiTomasso

Mailing Address 27 Tower Hill Drive

City Port Chester State NY Zip Code 10573

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88161

Date of Disbursement

08 / 31 / 2004

Amount of Each Disbursement this Period

1858.47

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

Full Name (Last, First, Middle Initial)

B. Kimberly L. DiTomasso

Mailing Address 27 Tower Hill Drive

City Port Chester State NY Zip Code 10573

Purpose of Disbursement
Health Insurance Reimbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88203

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

776.32

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

Full Name (Last, First, Middle Initial)

C. Kimberly L. DiTomasso

Mailing Address 27 Tower Hill Drive

City Port Chester State NY Zip Code 10573

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88204

Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1858.47

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

SUBTOTAL of Disbursements This Page (optional) ▶

4493.26

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Kimberly L. DiTomasso

Mailing Address 27 Tower Hill Drive

City Port Chester State NY Zip Code 10573

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88205
Date of Disbursement
09 / 30 / 2004

Amount of Each Disbursement this Period

1858.47

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

Full Name (Last, First, Middle Initial)
B. Family Service of Westchester

Mailing Address 1 Summit Avenue

City White Plains State NY Zip Code 10606

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88187
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)
C. FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Deliveries

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88181
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period

41.47

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

SUBTOTAL of Disbursements This Page (optional) ▶

2149.94

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)

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
 Deliveries

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88182

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

16.58

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

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
 Deliveries

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88183

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

62.02

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

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
 Deliveries

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88184

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

88.94

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

SUBTOTAL of Disbursements This Page (optional) ▶

168.54

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Fine Arts Orchestral Society

Mailing Address 67 Rumsey Road

City State Zip Code
 Yonkers NY 10705

Purpose of Disbursement
 Journal Advertisement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88189
 Date of Disbursement
 09 / 23 / 2004

Amount of Each Disbursement this Period
 110.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. FMBS Merchant Services

Mailing Address 2 Westbrook Drive Suite 200

City State Zip Code
 Westchester IL 60154

Purpose of Disbursement
 Merchant Fees

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88209
 Date of Disbursement
 09 / 02 / 2004

Amount of Each Disbursement this Period
 10.25
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Ford Credit

Mailing Address PO Box 220584

City State Zip Code
 Pittsburgh PA 15257-2584

Purpose of Disbursement
 Monthly Car Lease

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88211
 Date of Disbursement
 09 / 21 / 2004

Amount of Each Disbursement this Period
 707.86
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **828.11**

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)

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

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NAME OF COMMITTEE (In Full)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Jennifer Frost

Mailing Address 1705 Lanier Place #205

City Washington State DC Zip Code 20009

Purpose of Disbursement
 Payroll

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88196
 Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1653.33

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

Full Name (Last, First, Middle Initial)
B. Jennifer Frost

Mailing Address 1705 Lanier Place #205

City Washington State DC Zip Code 20009

Purpose of Disbursement
 Payroll

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88197
 Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

1653.33

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

Full Name (Last, First, Middle Initial)
C. Jennifer Frost

Mailing Address 1705 Lanier Place #205

City Washington State DC Zip Code 20009

Purpose of Disbursement
 Payroll

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88160
 Date of Disbursement

08 / 31 / 2004

Amount of Each Disbursement this Period

1653.33

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

SUBTOTAL of Disbursements This Page (optional) ▶

4959.99

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. G.E. Capital

Mailing Address PO BOX 642111

City Pittsburgh State PA Zip Code 15204

Purpose of Disbursement
Office Equipment Rental

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88192
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

202.40

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

Full Name (Last, First, Middle Initial)

B. Helen Hayes Hospital Foundation

Mailing Address PO Box 602

City West Haverstraw State NY Zip Code 10603

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88212
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

C. Jewish Federation of Rockland County

Mailing Address 800 Rt. 45, Suite 1

City New City State NY Zip Code 10958

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General Other (specify) ▼

Category/
Type

Transaction ID: D88213
Date of Disbursement

09 / 07 / 2004

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) ▶

702.40

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Local 812 IBT Scholarship Fund

Mailing Address 200 Summerfield St.

City Scarsdale State NY Zip Code 10583

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88238
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)
B. National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88185
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period

26.88

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

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

Mailing Address 718 7th Street, NW
Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Web Hosting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88210
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period

220.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

496.88

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Office Max Credit Plan

Mailing Address PO Box 9020

City Des Moines State IA Zip Code 50308

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88178
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

16.09

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

Full Name (Last, First, Middle Initial)
B. Paychex, Inc.

Mailing Address 100 Painters Mill Road
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88182
Date of Disbursement

08 / 31 / 2004

Amount of Each Disbursement this Period

2138.53

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

Full Name (Last, First, Middle Initial)
C. Paychex, Inc.

Mailing Address 100 Painters Mill Road
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88159
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

105.86

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

SUBTOTAL of Disbursements This Page (optional) ▶

2260.48

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 100 Painters Mill Road
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Service

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88199

Date of Disbursement

09 / 10 / 2004

Amount of Each Disbursement this Period

59.23

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

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 100 Painters Mill Road
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88200

Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

2138.53

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

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address 100 Painters Mill Road
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88201

Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

2138.53

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

SUBTOTAL of Disbursements This Page (optional) ▶

4336.29

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

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
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| | 20a | | 20b | | 20c | | 21 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Rockland Family Shelter

Mailing Address 2 Congers Rd.

City State Zip Code
New City NY 10956

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88245

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

B. The Guidance Center

Mailing Address 70 Grand Street

City State Zip Code
New Rochelle NY 10801

Purpose of Disbursement
Journal Advertisement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D88185

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

C. The Mellman Group

Mailing Address 1000 Thom Jefferson St NW #520

City State Zip Code
Washington DC 20007

Purpose of Disbursement
Polling Expense Reimbursement

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88186

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

3.68

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

SUBTOTAL of Disbursements This Page (optional) ▶

503.68

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Thomas H. Slater Center

Mailing Address 2 Fisher Court

City State Zip Code
White Plains NY 10601

Purpose of Disbursement
Journal Advertisement

Candidate Name

| | | | |
|----------------|------------------------------|-------------------|---|
| Office Sought: | House Senate President | Disbursement For: | Primary General Other (specify) ▼ |
| State: | District | | |

Category/
Type

Transaction ID: D88180
Date of Disbursement
09 / 23 / 2004

Amount of Each Disbursement this Period
150.00
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Verizon

Mailing Address PO BOX 15124

City State Zip Code
Albany NY 12212

Purpose of Disbursement
Office Phone Service

Candidate Name

| | | | |
|----------------|------------------------------|-------------------|---|
| Office Sought: | House Senate President | Disbursement For: | Primary General Other (specify) ▼ |
| State: | District | | |

Category/
Type

Transaction ID: D88180
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period
500.70
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. YMCA of Yonkers

Mailing Address 17 Riverdale Avenue

City State Zip Code
Yonkers NY 10701

Purpose of Disbursement
Journal Advertisement

Candidate Name

| | | | |
|----------------|------------------------------|-------------------|---|
| Office Sought: | House Senate President | Disbursement For: | 2004 X Primary General Other (specify) ▼ |
| State: | District | | |

Category/
Type

Transaction ID: D88208
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period
150.00
Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 800.70

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. Yonkers Columbus Day Celebration Cmte.

Mailing Address 128 Colonial Parkway

City Yonkers State NY Zip Code 10710

Purpose of Disbursement
Journal Advertisement

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88214
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

125.00

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

Full Name (Last, First, Middle Initial)
B. Yonkers Columbus Day Celebration Cmte.

Mailing Address 128 Colonial Parkway

City Yonkers State NY Zip Code 10710

Purpose of Disbursement
Event Tickets

Candidate Name

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

State: District

Category/
Type

Transaction ID: D88215
Date of Disbursement

09 / 29 / 2004

Amount of Each Disbursement this Period

200.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

325.00

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

28106.83

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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| | | | | | | | |
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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

Full Name (Last, First, Middle Initial)
A. A LOT OF PEOPLE SUPPORTING TOM DASCHLE INC

Mailing Address P O BOX 1656

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2004 General Election

Candidate Name
Daschle, Thomas Andrew

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: SD District: D0

Transaction ID: D88219
Date of Disbursement
09 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19146

Purpose of Disbursement
Contribution

Candidate Name
SCHWARTZ, ALLYSON

Office Sought: House Disbursement For: 2004
Senate Primary General
President Other (specify) ▼

State: PA District: 13

Transaction ID: D88221
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. Beth Troutman for Congress

Mailing Address PO Box 965

City Concord State NC Zip Code 28025

Purpose of Disbursement
Contribution

Candidate Name
TROUTMAN, NANCY ELIZABETH 'BETH'

Office Sought: House Disbursement For: 2004
Senate Primary General
President Other (specify) ▼

State: NC District: 08

Transaction ID: D88222
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

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

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

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

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 (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

Full Name (Last, First, Middle Initial)
A. BRIAN HIGGINS FOR CONGRESS

Mailing Address PO Box 26

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
 Contribution

Candidate Name
 HIGGINS, BRIAN M

Office Sought: House
 Senate
 President

State: NY District: 27

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88224
 Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

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

Mailing Address PO BOX 176102

City Covington State KY Zip Code 41017

Purpose of Disbursement
 Contribution

Candidate Name
 CLOONEY, NICK

Office Sought: House
 Senate
 President

State: KY District: 04

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88226
 Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. COMMITTEE TO ELECT PATSY KEEVER

Mailing Address P.O. Box 8815

City Asheville State NC Zip Code 28814

Purpose of Disbursement
 Contribution

Candidate Name
 KEEVER, PATRICIA

Office Sought: House
 Senate
 President

State: NC District: 11

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88227
 Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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 Detailed Summary Page

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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

Full Name (Last, First, Middle Initial)

A. DALY FOR CONGRESS

Mailing Address PO BOX 241088

City Apple Valley State MN Zip Code 55124

Purpose of Disbursement
 Contribution

Candidate Name
 DALY, TERESA ANN

Office Sought: House
 Senate
 President
 State: MN District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88229

Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. DAVE THOMAS FOR US CONGRESS

Mailing Address 7708 Gunsight Pass

City Littleton State CO Zip Code 80127

Purpose of Disbursement
 Contribution

Candidate Name
 THOMAS, DAVID JEFFREY

Office Sought: House
 Senate
 President
 State: CO District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88230

Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. DONNELLY FOR CONGRESS COMMITTEE

Mailing Address 215 SOUTH ST JOSEPH ST STE 800
 CENTURY BUILDING

City SOUTH BEND State IN Zip Code 46801

Purpose of Disbursement
 Contribution

Candidate Name
 DONNELLY, JOSEPH SIMON

Office Sought: House
 Senate
 President
 State: IN District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88231

Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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 (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

Full Name (Last, First, Middle Initial)
A. DRISCOLL FOR CONGRESS

Mailing Address 701 West Broad Street Suite 200

City Bethlehem State PA Zip Code 18018

Purpose of Disbursement
 Contribution

Candidate Name
 DRISCOLL, JOSEPH E

Office Sought: House
 Senate
 President
 State: PA District 15

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88232
 Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. FRIENDS OF JOHN BARROW

Mailing Address 2141 B West Broad Street

City Athens State GA Zip Code 30606

Purpose of Disbursement
 Contribution

Candidate Name
 BARROW, JOHN J

Office Sought: House
 Senate
 President
 State: GA District 12

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88233
 Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JON JENNINGS COMMITTEE

Mailing Address PO Box 3155

City Evansville State IN Zip Code 47731

Purpose of Disbursement
 Contribution

Candidate Name
 JENNINGS, JON PAUL

Office Sought: House
 Senate
 President
 State: IN District 08

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88234
 Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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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

Full Name (Last, First, Middle Initial)
A. JIM SULLIVAN FOR CONGRESS

Mailing Address PO Box 764

City Norwich State CT Zip Code 06360

Purpose of Disbursement
Contribution

Candidate Name
SULLIVAN, JAMES M

Office Sought: House
Senate
President

State: CT District: D2

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88235
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. JOHN SALAZAR FOR CONGRESS

Mailing Address PO BOX 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contribution

Candidate Name
SALAZAR, JOHN T

Office Sought: House
Senate
President

State: CO District: D3

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88236
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

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

Mailing Address PO BOX 120B

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement
Contribution

Candidate Name
KING, GARY KENNETH

Office Sought: House
Senate
President

State: NM District: D2

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88237
Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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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

Full Name (Last, First, Middle Initial)
A. LOIS MURPHY FOR CONGRESS

Mailing Address P.O. Box 1006

City Paoli State PA Zip Code 19301

Purpose of Disbursement
Contribution

Candidate Name
MURPHY, LOIS

Office Sought: House
Senate
President
State: PA District D6

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88239
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. PATTY WETTERLING FOR CONGRESS

Mailing Address PO BOX 1334

City Saint Cloud State MN Zip Code 56302

Purpose of Disbursement
Contribution

Candidate Name
WETTERLING, PATTY

Office Sought: House
Senate
President
State: MN District D6

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88241
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. PAUL HODES FOR CONGRESS

Mailing Address 107 STORRS STREET

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
HODES, PAUL W

Office Sought: House
Senate
President
State: NH District D2

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88242
Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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 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

Full Name (Last, First, Middle Initial)
A. Richard Romero for Congress

Mailing Address 907 Silver Avenue SW

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
 Contribution

Candidate Name
 Romero, Richard

Category/
 Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NM District: D1

Transaction ID: D88208
 Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

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

Mailing Address 2 PARK LANE SUITE 105

City Feasterville State PA Zip Code 19053

Purpose of Disbursement
 Contribution

Candidate Name
 SCHRADER, VIRGINIA

Category/
 Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: PA District: D8

Transaction ID: D88248
 Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. Tim Bishop for Congress

Mailing Address 129 Wooley Street

City South Hampton State NY Zip Code 11968

Purpose of Disbursement
 Contribution

Candidate Name
 Bishop, Timothy

Category/
 Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: D1

Transaction ID: D88207
 Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER:
 (check only one)

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| <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

Full Name (Last, First, Middle Initial)
 A. TONY MILLER FOR CONGRESS

Transaction ID: D88248
 Date of Disbursement

Mailing Address 2813 NEWBURG ROAD

09 / 22 / 2004

City State Zip Code
 Louisville KY 40205

Amount of Each Disbursement this Period

Purpose of Disbursement
 Contribution

1000.00

Candidate Name
 MILLER, TONY

Category/
 Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: KY District: D3

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

22000.00