

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period MM/04/DD/01/YYYY 2020 through MM/06/DD/30/YYYY 2020

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 Kyriacopoulos, Janica, , , Signature of Treasurer Kyriacopoulos, Janica, , , [Electronically Filed] Date MM/07/DD/15/YYYY 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	0.00	544165.73
(b) Total Contribution Refunds (from Line 20(d))	0.00	77700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	466465.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16085.50	500129.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	148.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16085.50	499981.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	492278.95	
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 05/2016)

Write or Type Committee Name

Nita Lowey for Congress

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

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).....	0.00	236770.00
(ii) Unitemized.....	0.00	14695.73
(iii) TOTAL of contributions from individuals ▶	0.00	251465.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	292700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	544165.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	182982.27
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	148.25
15. OTHER RECEIPTS (Dividends, Interest, etc.)	8.04	3583.35
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8.04	730879.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16085.50	500129.70
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	44200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	33500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	77700.00
21. OTHER DISBURSEMENTS	89331.00	648301.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	105416.50	1226130.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	597687.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8.04
25. SUBTOTAL (add Line 23 and Line 24).....	597695.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105416.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	492278.95

**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 5 OF 9			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. NGP VAN Software, Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2020		
Mailing Address 1445 New York Ave NW FI 2			FEC Identification Number C		
City Washington	State DC	Zip Code 20005-2134	Amount of Each Disbursement this Period 4080.00		
Purpose of Disbursement Campaign Software		Category/ Type	Transaction ID : 500683954		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Stanley, Elizabeth, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2020		
Mailing Address 103 8Th St SE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-1330	Amount of Each Disbursement this Period 6000.00		
Purpose of Disbursement Strategic Consulting Services		Category/ Type	Transaction ID : 500683950		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. The Frost Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2020		
Mailing Address 3422 Porter St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20016-3126	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Strategic Consulting Services		Category/ Type	Transaction ID : 500683955		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	13080.00
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 6 OF 9			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. The Frost Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 3422 Porter St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20016-3126	Amount of Each Disbursement this Period 3005.50		
Purpose of Disbursement Strategic Consulting Services		Category/ Type	Transaction ID : 500683956		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
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).....▶	3005.50
TOTAL This Period (last page this line number only).....▶	16085.50

**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 7 OF 9
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address PO Box 1270		FEC Identification Number C
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement Credit Card Payment		Amount of Each Disbursement this Period 27777.00
Candidate Name	Category/ Type	Transaction ID : 500683976
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DCCC		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 430 S Capitol St SE		FEC Identification Number C C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer		Amount of Each Disbursement this Period 27777.00
Candidate Name DCCC	Category/ Type	Transaction ID : 500683947
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. BRINDISI FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2020
Mailing Address PO Box 15		FEC Identification Number C C00648725
City Utica	State NY	Zip Code 13503-0015
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name BRINDISI, ANTHONY, , ,	Category/ Type	Transaction ID : 500683949
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 22		

SUBTOTAL of Disbursements This Page (optional).....▶	28777.00
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 8 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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. DCCC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2020
Mailing Address 430 S Capitol St SE		FEC Identification Number C C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer		Amount of Each Disbursement this Period 55554.00
Candidate Name DCCC		Transaction ID : 500683948
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ENGEL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020
Mailing Address 462 California Rd		FEC Identification Number C C00236513
City Bronxville	State NY	Zip Code 10708-2306
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name ENGEL, ELIOT, L., ,		Transaction ID : 500683951
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 16		

Full Name (Last, First, Middle Initial) C. JOE CUNNINGHAM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020
Mailing Address PO Box 21012		FEC Identification Number C C00650507
City Charleston	State SC	Zip Code 29413-1012
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name CUNNINGHAM, JOE, , ,		Transaction ID : 500683952
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC District: 01		

SUBTOTAL of Disbursements This Page (optional).....▶	58554.00
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 9 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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. MALONEY FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020	
Mailing Address 49 E 92Nd St			FEC Identification Number C C00273169	
City New York	State NY	Zip Code 10128-1326	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution - Primary Debt			Transaction ID : 500683953	
Candidate Name MALONEY, CAROLYN, B., ,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 12			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	89331.00