

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Nita Lowey for Congress

ADDRESS (number and street)

PO Box 271

Check if different than previously reported. (ACC)

White Plains

NY

10605

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

10

D D /

01

Y Y Y Y

2019

through

M M /

12

D D /

31

Y Y Y Y

2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kyriacopoulos, Janica, , ,

Type or Print Name of Treasurer

Kyriacopoulos, Janica, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

01

D D /

28

Y Y Y Y

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.

Office Use Only

**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	2608.00	544165.73
(b) Total Contribution Refunds (from Line 20(d)) .....	74700.00	74700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 72092.00	469465.73
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	114599.52	468048.92
(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)).....	114599.52	467900.67
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	717416.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1525.00	236770.00
(ii) Unitemized.....	83.00	14695.73
(iii) TOTAL of contributions from individuals ▶	1608.00	251465.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	292700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2608.00	544165.73
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	182800.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	148.25
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	8.22	567.21
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	2616.22	727681.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	114599.52	468048.92
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 .....	41200.00	41200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	33500.00	33500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	74700.00	74700.00
21. OTHER DISBURSEMENTS .....	87331.00	455639.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	276630.52	998387.92

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	991430.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2616.22
25. SUBTOTAL (add Line 23 and Line 24).....	994047.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	276630.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	717416.67

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

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

FOR LINE NUMBER: PAGE 5 OF 42  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Klitzman, Susan, , ,**  
 Mailing Address 20 Plaza St E  
 Apt F2  
 City Brooklyn State NY Zip Code 11238-7333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CUNY School Of Public Health Occupation Educational Administrator  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 04 2019  
**Transaction ID : 4314410**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**Actblue**  
 Mailing Address PO Box 832110  
 City Cambridge State MA Zip Code 02238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Conduit total listed in Agg. field Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 108.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 10 2019  
**Transaction ID : 4314410E**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Mercy, Eugene, , , Jr.**  
 Mailing Address 126 E 56Th St  
 City New York State NY Zip Code 10022-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Investor  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 07 2019  
**Transaction ID : 4267441**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1025.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 42	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Neal, Erin, C, ,**

Mailing Address 507 N Lincoln St

City Arlington	State VA	Zip Code 22201-1733
-------------------	-------------	------------------------

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

Name of Employer Velocity GR	Occupation CEO
---------------------------------	-------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

**Transaction ID : 4267434**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1525.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 42	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

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

Mailing Address 316 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003-1146
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : 4325357**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 3.89	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : 500549621	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2019	
Mailing Address 14 Arrow St			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Disbursement this Period 0.40	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : 500551622	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address PO Box 1270			FEC Identification Number C	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 2431.64	
Purpose of Disbursement Credit Card Payment		Category/ Type	Transaction ID : 500607065	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2435.93
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address 101 Constitution Ave NW FI 1E			FEC Identification Number C	
City Washington	State DC	Zip Code 20001-2157	Amount of Each Disbursement this Period 1166.38	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : 500607079	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Liaison Capitol Hill</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address 415 New Jersey Ave NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20001-2001	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : 500607315	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. Optimum</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address 1111 Stewart Ave			FEC Identification Number C	
City Bethpage	State NY	Zip Code 11714-3533	Amount of Each Disbursement this Period 974.43	
Purpose of Disbursement Telephone Service		Category/ Type	Transaction ID : 500607332	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ReadyRefresh</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019	
Mailing Address PO Box 856192			FEC Identification Number C	
City Louisville	State KY	Zip Code 40285-6192	Amount of Each Disbursement this Period 10.83	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : 500607347	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019	
Mailing Address PO Box 1270			FEC Identification Number C	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 860.54	
Purpose of Disbursement Credit Card Payment		Category/ Type	Transaction ID : 500607064	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>C. Lettuce Entertain You</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019	
Mailing Address 650 K St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20001-1341	Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : 500607313	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	860.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019
Mailing Address 30 Ivy St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4006
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 36.08	
Office Sought: <input 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) ▼	Transaction ID : 500607327 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ReadyRefresh</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019
Mailing Address PO Box 856192		FEC Identification Number C
City Louisville	State KY	Zip Code 40285-6192
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 88.83	
Office Sought: <input 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) ▼	Transaction ID : 500607348 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wiseguy Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019
Mailing Address 300 Massachusetts Ave NW # 1		FEC Identification Number C
City Washington	State DC	Zip Code 20001-2640
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 120.70	
Office Sought: <input 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) ▼	Transaction ID : 500607277 <input checked="" type="checkbox"/> Memo Item *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019	
Mailing Address PO Box 1270			FEC Identification Number C	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 5169.96	
Purpose of Disbursement Credit Card Payment		Category/Type	Transaction ID : 500607063	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Lettuce Entertain You</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019	
Mailing Address 650 K St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20001-1341	Amount of Each Disbursement this Period 2996.31	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : 500607314	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. ReadyRefresh</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019	
Mailing Address PO Box 856192			FEC Identification Number C	
City Louisville	State KY	Zip Code 40285-6192	Amount of Each Disbursement this Period 10.83	
Purpose of Disbursement Office Supplies		Category/Type	Transaction ID : 500607349	
Candidate Name		<input checked="" type="checkbox"/> Memo Item *		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5169.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42			
	<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) <b>A. Trattoria Vivolo</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019		
Mailing Address 301 Halstead Ave			FEC Identification Number C		
City Harrison	State NY	Zip Code 10528-3729	Amount of Each Disbursement this Period 1855.79		
Purpose of Disbursement Event Volunteer Expense		Category/ Type	Transaction ID : 500607269		
Candidate Name		<input checked="" type="checkbox"/> Memo Item *			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Ditomasso, Kim, L., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019		
Mailing Address 428 W 23Rd St Apt 2B			FEC Identification Number C		
City New York	State NY	Zip Code 10011-2142	Amount of Each Disbursement this Period 30.39		
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : 500345108		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. Ditto Consulting Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2019		
Mailing Address 428 W 23Rd St Apt 2B			FEC Identification Number C		
City New York	State NY	Zip Code 10011-2142	Amount of Each Disbursement this Period 6500.00		
Purpose of Disbursement Campaign Management Services		Category/ Type	Transaction ID : 500607090		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6530.39
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ditto Consulting Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2019		
Mailing Address 428 W 23Rd St Apt 2B			FEC Identification Number C		
City New York	State NY	Zip Code 10011-2142	Amount of Each Disbursement this Period 6500.00		
Purpose of Disbursement Campaign Management Services		Category/ Type	Transaction ID : 500607091		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Ditto Consulting Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019		
Mailing Address 428 W 23Rd St Apt 2B			FEC Identification Number C		
City New York	State NY	Zip Code 10011-2142	Amount of Each Disbursement this Period 6500.00		
Purpose of Disbursement Campaign Management Services		Category/ Type	Transaction ID : 500607092		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019		
Mailing Address PO Box 1140			FEC Identification Number C		
City Memphis	State TN	Zip Code 38101	Amount of Each Disbursement this Period 88.24		
Purpose of Disbursement Deliveries		Category/ Type	Transaction ID : 500607229		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13088.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2019		
Mailing Address PO Box 1140			FEC Identification Number C		
City Memphis	State TN	Zip Code 38101	Amount of Each Disbursement this Period 111.41		
Purpose of Disbursement Deliveries		Category/ Type	Transaction ID : 500607230		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2019		
Mailing Address PO Box 1140			FEC Identification Number C		
City Memphis	State TN	Zip Code 38101	Amount of Each Disbursement this Period 53.56		
Purpose of Disbursement Deliveries		Category/ Type	Transaction ID : 500607231		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2019		
Mailing Address PO Box 1140			FEC Identification Number C		
City Memphis	State TN	Zip Code 38101	Amount of Each Disbursement this Period 26.65		
Purpose of Disbursement Deliveries		Category/ Type	Transaction ID : 500607232		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	191.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42			
	<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) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2019
Mailing Address PO Box 1140		FEC Identification Number C
City Memphis	State TN	Zip Code 38101
Purpose of Disbursement Deliveries	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 53.42	
Office Sought: <input 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) ▼	Transaction ID : 500607233
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019
Mailing Address PO Box 1140		FEC Identification Number C
City Memphis	State TN	Zip Code 38101
Purpose of Disbursement Deliveries	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 110.28	
Office Sought: <input 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) ▼	Transaction ID : 500607360
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Haute Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019
Mailing Address 2 N Rotary Rd		FEC Identification Number C
City Washington	State DC	Zip Code 20050
Purpose of Disbursement Event Catering	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 432.48	
Office Sought: <input 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) ▼	Transaction ID : 500607238
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	596.18
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Impressive Paper And Envelope Company</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019	
Mailing Address 139 E Prospect Ave			FEC Identification Number C	
City Mamaroneck	State NY	Zip Code 10543-5710	Amount of Each Disbursement this Period 13660.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : 500607239	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Jewish Tribune</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2019	
Mailing Address 78 Randall Ave			FEC Identification Number C	
City Rockville Centre	State NY	Zip Code 11570-3922	Amount of Each Disbursement this Period 273.60	
Purpose of Disbursement Journal Advertisement		Category/ Type	Transaction ID : 500607248	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. Keypost Realty Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019	
Mailing Address PO Box 8197			FEC Identification Number C	
City White Plains	State NY	Zip Code 10602-8197	Amount of Each Disbursement this Period 1466.66	
Purpose of Disbursement Office Rent		Category/ Type	Transaction ID : 500607252	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15400.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Keypost Realty Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2019
Mailing Address PO Box 8197			FEC Identification Number C
City White Plains	State NY	Zip Code 10602-8197	Amount of Each Disbursement this Period 1466.66
Purpose of Disbursement Office Rent		Category/Type	Transaction ID : 500607253
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Keypost Realty Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2019
Mailing Address PO Box 8197			FEC Identification Number C
City White Plains	State NY	Zip Code 10602-8197	Amount of Each Disbursement this Period 1466.66
Purpose of Disbursement Office Rent		Category/Type	Transaction ID : 500607254
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>c. Mila'S Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2019
Mailing Address 1720 Lanier PI NW			FEC Identification Number C
City Washington	State DC	Zip Code 20009-2104	Amount of Each Disbursement this Period 1142.40
Purpose of Disbursement Event Catering		Category/Type 003	Transaction ID : 500607325
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4075.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. New Blue Interactive, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019		
Mailing Address 4906 Glen Cove Pkwy			FEC Identification Number C		
City Bethesda	State MD	Zip Code 20816-3006	Amount of Each Disbursement this Period 1502.50		
Purpose of Disbursement New Media Strategy Services		Category/ Type	Transaction ID : 500607328		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. New Blue Interactive, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2019		
Mailing Address 4906 Glen Cove Pkwy			FEC Identification Number C		
City Bethesda	State MD	Zip Code 20816-3006	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement New Media Strategy Services		Category/ Type	Transaction ID : 500607329		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Software, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019		
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 : 500607330		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7082.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Optimum</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2019		
Mailing Address 1111 Stewart Ave			FEC Identification Number C		
City Bethpage	State NY	Zip Code 11714-3533	Amount of Each Disbursement this Period 325.36		
Purpose of Disbursement Telephone Service		Category/ Type	Transaction ID : 500607331		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Optimum</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2019		
Mailing Address 1111 Stewart Ave			FEC Identification Number C		
City Bethpage	State NY	Zip Code 11714-3533	Amount of Each Disbursement this Period 311.96		
Purpose of Disbursement Telephone Service		Category/ Type	Transaction ID : 500607334		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>c. Optimum</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2019		
Mailing Address 1111 Stewart Ave			FEC Identification Number C		
City Bethpage	State NY	Zip Code 11714-3533	Amount of Each Disbursement this Period 315.54		
Purpose of Disbursement Telephone Service		Category/ Type	Transaction ID : 500607336		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	952.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Optimum</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2019
Mailing Address 1111 Stewart Ave		FEC Identification Number C
City Bethpage	State NY	Zip Code 11714-3533
Purpose of Disbursement Telephone Service	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 315.54	
Office Sought: <input 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) ▼	Transaction ID : 500607337
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019
Mailing Address 700 Red Brook Blvd Ste 200		FEC Identification Number C
City Owings Mills	State MD	Zip Code 21117-5185
Purpose of Disbursement Payroll Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 58.00	
Office Sought: <input 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) ▼	Transaction ID : 500607342
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2019
Mailing Address 700 Red Brook Blvd Ste 200		FEC Identification Number C
City Owings Mills	State MD	Zip Code 21117-5185
Purpose of Disbursement Payroll Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 70.00	
Office Sought: <input 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) ▼	Transaction ID : 500607343
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	443.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2019
Mailing Address 700 Red Brook Blvd Ste 200		FEC Identification Number C
City Owings Mills	State MD	Zip Code 21117-5185
Purpose of Disbursement Payroll Fee		Amount of Each Disbursement this Period 58.00
Candidate Name		Transaction ID : 500607344
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019
Mailing Address 1050 17Th St NW Ste 590		FEC Identification Number C
City Washington	State DC	Zip Code 20036-5592
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 4682.89
Candidate Name		Transaction ID : 500607345
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2019
Mailing Address 1050 17Th St NW Ste 590		FEC Identification Number C
City Washington	State DC	Zip Code 20036-5592
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 1377.65
Candidate Name		Transaction ID : 500607346
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6118.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Stanley, Elizabeth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2019		
Mailing Address 103 8Th St SE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-1330	Amount of Each Disbursement this Period 24000.00		
Purpose of Disbursement Political Consulting		Category/ Type	Transaction ID : 500607188		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Suntrust Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2019		
Mailing Address PO Box 6600			FEC Identification Number C		
City Hagerstown	State MD	Zip Code 21741-6600	Amount of Each Disbursement this Period 39.95		
Purpose of Disbursement Merchant Fees		Category/ Type	Transaction ID : 500607259		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. Suntrust Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2019		
Mailing Address PO Box 6600			FEC Identification Number C		
City Hagerstown	State MD	Zip Code 21741-6600	Amount of Each Disbursement this Period 39.95		
Purpose of Disbursement Merchant Fees		Category/ Type	Transaction ID : 500607261		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24079.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Suntrust Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019		
Mailing Address PO Box 6600			FEC Identification Number C		
City Hagerstown	State MD	Zip Code 21741-6600	Amount of Each Disbursement this Period 40.30		
Purpose of Disbursement Merchant Fees		Category/ Type	Transaction ID : 500607262		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. The Frost Group</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019		
Mailing Address 3422 Porter St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20016-3126	Amount of Each Disbursement this Period 7000.00		
Purpose of Disbursement Fundraising Consulting Services		Category/ Type	Transaction ID : 500607265		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>c. The Frost Group</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2019		
Mailing Address 3422 Porter St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20016-3126	Amount of Each Disbursement this Period 7000.00		
Purpose of Disbursement Fundraising Consulting Services		Category/ Type	Transaction ID : 500607266		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14040.30
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019
Mailing Address 3422 Porter St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20016-3126
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 7000.00
Candidate Name		Transaction ID : 500607267
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2019
Mailing Address 3422 Porter St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20016-3126
Purpose of Disbursement Reimbursement		Amount of Each Disbursement this Period 102.45
Candidate Name		Transaction ID : 500607268
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. The Liaison</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2019
Mailing Address 415 New Jersey Ave NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001-2001
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 70.00
Candidate Name		Transaction ID : 500607706
Office Sought: <input 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 checked="" type="checkbox"/> Memo Item *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7102.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Utrecht, Kleinfeld, Fiori, Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019
Mailing Address 1900 M St NW Ste 500			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3522	Amount of Each Disbursement this Period 5195.00
Purpose of Disbursement Legal Services		Category/ Type	Transaction ID : <b>500607272</b>
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2019
Mailing Address PO Box 489			FEC Identification Number <b>C</b>
City Newark	State NJ	Zip Code 07101-0489	Amount of Each Disbursement this Period 275.36
Purpose of Disbursement Cell Phone Service		Category/ Type	Transaction ID : <b>500607273</b>
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2019
Mailing Address PO Box 489			FEC Identification Number <b>C</b>
City Newark	State NJ	Zip Code 07101-0489	Amount of Each Disbursement this Period 335.36
Purpose of Disbursement Cell Phone Service		Category/ Type	Transaction ID : <b>500607274</b>
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5805.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019		
Mailing Address PO Box 489			FEC Identification Number C		
City Newark	State NJ	Zip Code 07101-0489	Amount of Each Disbursement this Period 341.79		
Purpose of Disbursement Cell Phone Service		Category/ Type	Transaction ID : 500607275		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. White, Letitia, H, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2019		
Mailing Address 511 C St NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002-5809	Amount of Each Disbursement this Period 207.12		
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : 500607312		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C.</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	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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	548.91
<b>TOTAL</b> This Period (last page this line number only).....▶	114523.56

**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 28 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Attwood, James, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 376 Harris Rd			FEC Identification Number C		
City Bedford Hills	State NY	Zip Code 10507-2411	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607241		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Attwood, Leslie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 376 Harris Rd			FEC Identification Number C		
City Bedford Hills	State NY	Zip Code 10507-2411	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607311		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Deckter, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019		
Mailing Address 2010 Surrey Hill Dr			FEC Identification Number C		
City Austin	State TX	Zip Code 78746-7302	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607085		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Feder, Marjorie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 9 Oxford Rd			FEC Identification Number C		
City White Plains	State NY	Zip Code 10605-3602	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund of 4/16/2019 Contribution		Category/ Type	Transaction ID : 500607322		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Feder, Marjorie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2019		
Mailing Address 9 Oxford Rd			FEC Identification Number C		
City White Plains	State NY	Zip Code 10605-3602	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund of 6/6/2019 Contribution		Category/ Type	Transaction ID : 500607323		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Feder, Marjorie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2019		
Mailing Address 9 Oxford Rd			FEC Identification Number C		
City White Plains	State NY	Zip Code 10605-3602	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund of 9/6/2019 Contribution		Category/ Type	Transaction ID : 500607710		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 42	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Feldman, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019	
Mailing Address 5358 Meadows Ln			FEC Identification Number C	
City Dallas	State TX	Zip Code 75229	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Refund of 6/30/2019 Contribution			Transaction ID : 500607351	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Ginsburg, Joan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019	
Mailing Address 800 S Ocean Blvd Apt 205			FEC Identification Number C	
City Boca Raton	State FL	Zip Code 33432-6365	Amount of Each Disbursement this Period 2800.00	
Purpose of Disbursement Refund of 6/30/2019 Contribution			Transaction ID : 500607249	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Ginsburg, Sam, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019	
Mailing Address 800 S Ocean Blvd Apt 205			FEC Identification Number C	
City Boca Raton	State FL	Zip Code 33432-6365	Amount of Each Disbursement this Period 2800.00	
Purpose of Disbursement Refund of 6/30/2019 Contribution			Transaction ID : 500607355	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Goldberg, Sunny, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 502 Orienta Ave			FEC Identification Number C		
City Mamaroneck	State NY	Zip Code 10543-4317	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund of 4/16/2019 Contribution		Category/ Type	Transaction ID : 500607258		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Grinberg, Efraim, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 101 Central Park W			FEC Identification Number C		
City New York	State NY	Zip Code 10023-4250	Amount of Each Disbursement this Period 2200.00		
Purpose of Disbursement Refund of 9/26/2019 Contribution		Category/ Type	Transaction ID : 500607115		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Hart, Barbara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 44 Lounsbury Rd			FEC Identification Number C		
City Croton On Hudson	State NY	Zip Code 10520-2017	Amount of Each Disbursement this Period 2200.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607074		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Isaac, Paul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 10 E 80Th St			FEC Identification Number C		
City New York	State NY	Zip Code 10075-0110	Amount of Each Disbursement this Period 900.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607341		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lapin, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019		
Mailing Address 500 Jefferson St Ste 2000			FEC Identification Number C		
City Houston	State TX	Zip Code 77002-7337	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607352		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. Lerman, Steven, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019		
Mailing Address 4716 LINDEN St			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90021	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607358		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Levine, Marc, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019		
Mailing Address 1111 Hermann Dr # 15-B			FEC Identification Number <b>C</b>		
City Houston	State TX	Zip Code 77004-7071	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Transaction ID : 500607316		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Manocherian, Bernice, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 135 CPW # 9			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10023	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund of 9/29/2019 Contribution		Category/ Type	Transaction ID : 500607076		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Manocherian, Jed, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 18 E 50Th St			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10022-6817	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund of 12/27/2018 Contribution		Category/ Type	Transaction ID : 500574145		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input 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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. McKellar, Marie, T., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 5 Hidden Hollow Ln					
City Millwood	State NY	Zip Code 10546-1008	FEC Identification Number C		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : 500607319			
Office Sought: <input 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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Palcon, Ira, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 286 Churchill Rd					
City Teaneck	State NJ	Zip Code 07666-3007	FEC Identification Number C		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 200.00		
Candidate Name		Transaction ID : 500607240			
Office Sought: <input 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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Pollack, Yvonne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 8 Long Meadow Rd					
City Bedford	State NY	Zip Code 10506-1120	FEC Identification Number C		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 200.00		
Candidate Name		Transaction ID : 500607281			
Office Sought: <input 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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Powell-Bennett, Stacy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019		
Mailing Address 2420 The Strand					
City Northbrook	State IL	Zip Code 60062-6550	FEC Identification Number C		
Purpose of Disbursement Refund of 9/4/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : 500607357 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Schwartz, Bernard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 600 3Rd Ave					
City New York	State NY	Zip Code 10016-1901	FEC Identification Number C		
Purpose of Disbursement Refund of 6/30/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : 500607075 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Sussman, S. Donald, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 2 American Ln					
City Greenwich	State CT	Zip Code 06831-2559	FEC Identification Number C		
Purpose of Disbursement Refund of 3/31/2019 Contribution		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : 500607093 <input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tenney, Judy, E., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019		
Mailing Address 845 Forest Ave			FEC Identification Number <b>C</b>		
City Rye	State NY	Zip Code 10580-3103			
Purpose of Disbursement Refund of 5/1/2019 Contribution			Transaction ID : 500607250		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code			
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41200.00

**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 37 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Academy Of Pediatric Dentistry PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019
Mailing Address 211 E Chicago Ave Ste 1700		FEC Identification Number C C00365965
City Chicago	State IL	Zip Code 60611-2672
Purpose of Disbursement Refund of 9/16/2019 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500607061
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN COMMERCIAL BARGE LINES INC. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019
Mailing Address 1701 E Market St		FEC Identification Number C C00418269
City Jeffersonville	State IN	Zip Code 47130-4755
Purpose of Disbursement Refund of 6/21/2019 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : 500607062
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2019
Mailing Address 490 LENFANT PLAZA EAST SW Ste 7204		FEC Identification Number C C00027532
City Washington	State DC	Zip Code 20024
Purpose of Disbursement Refund of 9/19/2019 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : 500607068
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019	
Mailing Address 1212 New York Ave NW Ste 200			FEC Identification Number C C00104802	
City Washington	State DC	Zip Code 20005-6609	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Refund of 9/27/2019 Contribution		Category/ Type	Transaction ID : 500607089	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019	
Mailing Address 2980 Fairview Park Dr			FEC Identification Number C C00088591	
City Falls Church	State VA	Zip Code 22042-4511	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Refund of 9/12/2019 Contribution		Category/ Type	Transaction ID : 500607189	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>C. FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019	
Mailing Address 403 E Capitol St SE			FEC Identification Number C C00034132	
City Washington	State DC	Zip Code 20003-3810	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Refund of 7/25/2019 Contribution		Category/ Type	Transaction ID : 500607234	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HARRIS CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019
Mailing Address 600 Maryland Ave SW Ste 850E		FEC Identification Number C C00100321
City Washington	State DC	Zip Code 20024-2566
Purpose of Disbursement Refund of 6/30/2019 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500607236
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019
Mailing Address 1212 New York Ave NW Ste 1212		FEC Identification Number C C00484584
City Washington	State DC	Zip Code 20005-6170
Purpose of Disbursement Refund of 7/17/2019 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500607244
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. L3 TECHNOLOGIES, INC. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2019
Mailing Address 600 3Rd Ave		FEC Identification Number C C00338087
City New York	State NY	Zip Code 10016-1901
Purpose of Disbursement Refund of 3/18/2019 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500607309
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019	
Mailing Address 1727 King St Ste 400			FEC Identification Number <b>C</b> C00092957	
City Alexandria	State VA	Zip Code 22314-2700	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Refund of 8/20/2019 Contribution		Category/ Type	Transaction ID : 500607326	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number <b>C</b>	
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number <b>C</b>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33500.00



**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 41 OF 42
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2019
Mailing Address 430 S Capitol St SE		FEC Identification Number <b>C</b> C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer		Amount of Each Disbursement this Period 27777.00
Candidate Name <b>DCCC</b>		Transaction ID : <b>500607086</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2019
Mailing Address 430 S Capitol St SE		FEC Identification Number <b>C</b> C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer		Amount of Each Disbursement this Period 27777.00
Candidate Name <b>DCCC</b>		Transaction ID : <b>500607087</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019
Mailing Address 430 S Capitol St SE		FEC Identification Number <b>C</b> C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer		Amount of Each Disbursement this Period 27777.00
Candidate Name <b>DCCC</b>		Transaction ID : <b>500607088</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	83331.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 42			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Harrison Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2019		
Mailing Address PO Box 686			FEC Identification Number C		
City Harrison	State NY	Zip Code 10528-0686	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Nonfederal Contribution		Category/ Type	Transaction ID : 500607237		
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>B. Orangetown Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2019		
Mailing Address 68 Sickles Ave			FEC Identification Number C		
City Nyack	State NY	Zip Code 10960-2517	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Nonfederal Contribution		Category/ Type	Transaction ID : 500607339		
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>C. Rockland County Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019		
Mailing Address PO Box 266			FEC Identification Number C		
City New City	State NY	Zip Code 10956-0266	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Nonfederal Contribution		Category/ Type	Transaction ID : 500607263		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	87331.00