FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** — Example:If typing, type over the lines

Nita Lowey for Congress

ADDRESS (number and street) PO Box 271

Check if different than previously reported. (ACC)

White Plains | NY | 10605

2. **FEC IDENTIFICATION NUMBER** C00219881

CITY | STATE | ZIP CODE

3. IS THIS REPORT — NEW (N) [ ] **OR** AMENDED (A) [X]

STATE DISTRICT: NY | 18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [ ] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- [ ] Primary (12P)
- [X] General (12G)
- [ ] Runoff (12R)
- [ ] Convention (12C)
- [ ] Special (12S)

Election on 11 04 2008 in the State of NY

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

- [ ] General (30G)
- [ ] Runoff (30R)
- [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Richard Melnikoff

Signature of Treasurer Electronically Filed by Richard Melnikoff Date 01 31 2009

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

Image# 29990953534

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 02/2003)

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period: From: M M 10 D D 01 Y Y Y Y 2008 To: M M 10 D D 15 Y Y Y Y 2008

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	13981.00	1320782.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	13981.00	1315782.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	96406.84	882040.35
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	52.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	96406.84	881987.67
8. Cash on Hand at Close of Reporting Period (from Line 27)	939368.50	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Image# 29990953535

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name
Nita Lowey for Congress

Report Covering the Period: From: M M 10 D D 01 Y Y Y Y 2008 To: M M 10 D D 15 Y Y Y Y 2008

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	4800.00	991160.00
(ii) Unitemized.....	181.00	56181.50
(iii) TOTAL of contributions from individuals..... ▶	4981.00	1047341.50
(b) Political Party Committees.....	0.00	196.04
(c) Other Political Committees (such as PACS).....	9000.00	273245.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13981.00	1320782.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	52.68
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	23361.04
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13981.00	1344196.26

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96406.84	882040.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4000.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5000.00
21. OTHER DISBURSEMENTS.....	20400.00	432775.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▷	116806.84	1319815.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1042194.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13981.00
25. SUBTOTAL (add Line 23 and Line 24).....	1056175.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116806.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	939368.50

Image# 29990953537

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 24
(check only one)
X 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)
Ellen Dunkin
Mailing Address 2 Winged Foot Drive
City: Larchmont State: NY Zip Code: 10538
FEC ID number of contributing federal political committee. C
Name of Employer: Crump Group
Occupation: Attorney
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 14 / 2008
Transaction ID: C17801617
Amount of Each Receipt this Period: 1000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
George J Lederer
Mailing Address 5 Foxhall Road
City: Scarsdale State: NY Zip Code: 10583
FEC ID number of contributing federal political committee. C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: C17801575
Amount of Each Receipt this Period: 250.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Royden Letsen
Mailing Address 828 S. Broadway
City: Tarrytown State: NY Zip Code: 10591
FEC ID number of contributing federal political committee. C
Name of Employer: Griffin Letsen
Occupation: Attorney
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 14 / 2008
Transaction ID: C17801597
Amount of Each Receipt this Period: 250.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

Image# 29990953538

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)
X 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)
James Millstein
Mailing Address 17 Woodbine Avenue
City: Larchmont State: NY Zip Code: 10538
FEC ID number of contributing federal political committee. C
Name of Employer: Lazard Freres & Co. LLC
Occupation: Banker
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 2300.00

Date of Receipt: M M 10 / D D 14 / Y Y Y Y 2008
Transaction ID: C17801616
Amount of Each Receipt this Period: 2300.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Michael Prucker
Mailing Address 4700 Connecticut Ave Apt 502
City: Washington State: DC Zip Code: 20008
FEC ID number of contributing federal political committee. C
Name of Employer: Palmetto Group
Occupation: Government Relations
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2008
Transaction ID: C17801590
Amount of Each Receipt this Period: 500.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Ginsburg Development LLC
Mailing Address 100 Summit Lake Drive
City: Valhalla State: NY Zip Code: 10595
FEC ID number of contributing federal political committee. C
Name of Employer:
Occupation:
Receipt For: 2008
☐ Primary X General ☐ Other (specify)
Election Cycle-to-Date: 4500.00

Date of Receipt: M M 10 / D D 14 / Y Y Y Y 2008
Transaction ID: C17801601
Amount of Each Receipt this Period: 500.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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

Image# 29990953539

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
X 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)
Andrew Maniglia

Mailing Address 100 Summit Lake Drive

City: Valhalla | State: NY | Zip Code: 10595

FEC ID number of contributing federal political committee. C

Name of Employer: Gisburg Development

Occupation: VP of Development

Receipt For: 2008
☐ Primary X General
☐ Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: M M 10 / D D 14 / Y Y Y Y 2008

Transaction ID: C17801605

Amount of Each Receipt this Period: 500.00

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

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ..... ▶ **0.00**

TOTAL This Period (last page this line number only) ..... ▶ **4800.00**

Image# 29990953540

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
American Federation of Teachers Committee on Polit
Mailing Address 555 New Jersey Avenue NW
City: Washington State: DC Zip Code: 20001
FEC ID number of contributing federal political committee. C C00028860
Name of Employer
Occupation
Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 10000.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: C17801624
Amount of Each Receipt this Period: 3000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
NEA Fund for Children & Pubic Education
Mailing Address 1201 16th Street NW #421
City: Washington State: DC Zip Code: 20036
FEC ID number of contributing federal political committee. C C00003251
Name of Employer
Occupation
Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: C17801628
Amount of Each Receipt this Period: 5000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
UBS AMERICAS FUND FOR BETTER GOVERNMENT
Mailing Address 1285 AVENUE OF THE AMERICAS
City: NEW YORK State: NY Zip Code: 10019
FEC ID number of contributing federal political committee. C C00012245
Name of Employer
Occupation
Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: C17801626
Amount of Each Receipt this Period: 1000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **9000.00**

TOTAL This Period (last page this line number only) ▶ **9000.00**

Image# 29990953541

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
American Express Merchant Services
Mailing Address PO Box 53852
City Phoenix State AZ Zip Code 85072
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342621
Date of Disbursement: 10 / 01 / 2008
Amount of Each Disbursement this Period: 4.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
American Express Merchant Services
Mailing Address PO Box 53852
City Phoenix State AZ Zip Code 85072
Purpose of Disbursement: Merchant Fees
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342640
Date of Disbursement: 10 / 06 / 2008
Amount of Each Disbursement this Period: 116.47
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
AMS Communications, Inc.
Mailing Address 500 Sansome St, Ste 201
City San Francisco State CA Zip Code 94111
Purpose of Disbursement: Direct mail design and postage
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: D342657
Date of Disbursement: 10 / 14 / 2008
Amount of Each Disbursement this Period: 63510.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **63630.97**

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

Image# 29990953542

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Andrus Children's Center
Mailing Address 1156 North Broadway
City: Yonkers State: NY Zip Code: 10701
Purpose of Disbursement: Journal Advertiesment
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D342652
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Antonio Meucci Lodge #213
Mailing Address 279 Maple Avenue
City: White Plains State: NY Zip Code: 10606
Purpose of Disbursement: Journal Advertiesment
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D342622
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 125.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Auxiliary of White Plains Hospital Center
Mailing Address 28 Haverford Ave
City: Scarsdale State: NY Zip Code: 10583
Purpose of Disbursement: Journal Advertiesment
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D342628
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **875.00**

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

Image# 29990953543

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Beta Parking
Mailing Address 545 5th Avenue
City: New York | State: NY | Zip Code: 10017
Purpose of Disbursement: Monthly Parking
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342633
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 400.92
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Clarkstown Democratic Committee
Mailing Address PO Box 442
City: New City | State: NY | Zip Code: 10956
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342647
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 125.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
CTS Holdings, LLC
Mailing Address 2525 Horizon Lake Drive, Suite 120
City: Memphis | State: TN | Zip Code: 38133
Purpose of Disbursement: Merchant Fee
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342641
Date of Disbursement: 10 / 07 / 2008
Amount of Each Disbursement this Period: 35.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **560.92**

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

Image# 29990953544

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Direct Mail of New York, Inc.
Mailing Address 3199 Alba Post Road Suite 158
City: Buchanan State: NY Zip Code: 10511
Purpose of Disbursement: Postage
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342658
Date of Disbursement: 10 / 14 / 2008
Amount of Each Disbursement this Period: 6300.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Emelin Theatre
Mailing Address Library Lane
City: Mamaroneck State: NY Zip Code: 10543
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342646
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Fine Arts Orchestral Society
Mailing Address 67 Rumsey Road
City: Yonkers State: NY Zip Code: 10705
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342624
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 180.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **6980.00**

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

Image# 29990953545

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
G.E. Capital
Mailing Address PO BOX 642111
City Pittsburgh State PA Zip Code 15264
Purpose of Disbursement
Office Equipment Rental
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342636
Date of Disbursement 10 / 02 / 2008
Amount of Each Disbursement this Period 189.59
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Hispanic Resource Center of Larchmont/Mam
Mailing Address PO Box 312
City Mamaroneck State NY Zip Code 10543
Purpose of Disbursement
Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342650
Date of Disbursement 10 / 13 / 2008
Amount of Each Disbursement this Period 300.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Huguenot & New Rochelle Historical Associ
Mailing Address 46 Longue Vue Avenue
City New Rochelle State NY Zip Code 10804
Purpose of Disbursement
Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342651
Date of Disbursement 10 / 13 / 2008
Amount of Each Disbursement this Period 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **739.59**

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

Image# 29990953546

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Impressive Paper and Envelope Company
Mailing Address 139 East Prospect Avenue
City Mamaroneck State NY Zip Code 10543
Purpose of Disbursement: Printing
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342655
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 3317.89
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Impressive Paper and Envelope Company
Mailing Address 139 East Prospect Avenue
City Mamaroneck State NY Zip Code 10543
Purpose of Disbursement: Printing
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342656
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 3919.19
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Jawonio Foundation
Mailing Address 260 N. Little Tor Rd
City New City State NY Zip Code 10956
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342631
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 375.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **7612.08**

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

Image# 29990953547

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Key Post Realty Corp.
Mailing Address PO Box 26
City: New Rochelle | State: NY | Zip Code: 10802
Purpose of Disbursement: Office Rent
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342620
Date of Disbursement: 10 / 01 / 2008
Amount of Each Disbursement this Period: 1466.66
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
NetCampaign, LLC
Mailing Address 4704 46th St, NW
City: Washington | State: DC | Zip Code: 20016
Purpose of Disbursement: Web Hosting
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342634
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 75.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
NetCampaign, LLC
Mailing Address 4704 46th St, NW
City: Washington | State: DC | Zip Code: 20016
Purpose of Disbursement: Web Hosting
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342635
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 75.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **1616.66**

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

Image# 29990953548

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
NGP Software, Inc.
Mailing Address 5039 Connecticut Ave, NW
City Washington State DC Zip Code 20008
Purpose of Disbursement
Software License Fees
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342639
Date of Disbursement 10 / 04 / 2008
Amount of Each Disbursement this Period 1950.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Noam Bramson
Mailing Address 201 Pinebrook Boulevard
City New Rochelle State NY Zip Code 10804
Purpose of Disbursement
Political Consulting Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342619
Date of Disbursement 10 / 01 / 2008
Amount of Each Disbursement this Period 3750.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Rockland Community Bulletin
Mailing Address 50 Melnick Drive
City Monsey State NY Zip Code 10952
Purpose of Disbursement
Journal Advertisment
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342632
Date of Disbursement 10 / 02 / 2008
Amount of Each Disbursement this Period 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **5950.00**

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

Image# 29990953549

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
SunTrust Merchant Services
Mailing Address PO Box 6600
City Hagerstown State MD Zip Code 21741
Purpose of Disbursement
Merchant Fees
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342660
Date of Disbursement 10 / 14 / 2008
Amount of Each Disbursement this Period 28.79
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
TerraPath
Mailing Address PO BOX 270
City Larchmont State NY Zip Code 10538
Purpose of Disbursement
Computer Services
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342637
Date of Disbursement 10 / 02 / 2008
Amount of Each Disbursement this Period 270.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
The Food Bank of Westchester, Inc.
Mailing Address 358 Saw Mill River Road
City Milwood State NY Zip Code 10546
Purpose of Disbursement
Event Tickets
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342630
Date of Disbursement 10 / 02 / 2008
Amount of Each Disbursement this Period 350.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **648.79**

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

Image# 29990953550

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
The Frost Group
Mailing Address 2737 Devonshire Place, NW #325
City: Washington State: DC Zip Code: 20008
Purpose of Disbursement: Travel Expense Reimbursement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342642
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 70.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
The Frost Group
Mailing Address 2737 Devonshire Place, NW #325
City: Washington State: DC Zip Code: 20008
Purpose of Disbursement: Fundraising Consulting Fee
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342618
Date of Disbursement: 10 / 01 / 2008
Amount of Each Disbursement this Period: 5000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
The Jewish Tribune
Mailing Address 1525 Central Ave
City: Far Rockaway State: NY Zip Code: 11691
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342629
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 608.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **5678.00**

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

Image# 29990953551

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
The National Herald Inc.
Mailing Address: Greek American Daily Newspaper, 41-17 Crescent Street
City: Long Island City | State: NY | Zip Code: 11101
Purpose of Disbursement: Journal Advertisment
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342648
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 132.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address: 350 Granite Street
City: Braintree | State: MA | Zip Code: 02184
Purpose of Disbursement: Office Phone Expense
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342638
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 407.83
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Westchester ARC
Mailing Address: 265 Saw Mill River Road
City: Hawthorne | State: NY | Zip Code: 10532
Purpose of Disbursement: Journal Advertisement
Candidate Name:
Category/ Type:
Office Sought: [ ] House [ ] Senate [ ] President | State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342626
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **789.83**

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

Image# 29990953552

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Westchester Jewish Conference
Mailing Address 701 Westchester Ave, Ste 203E
City White Plains State NY Zip Code 10604
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342623
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 325.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
White Plains Beautification Foundation
Mailing Address 14 Winslow Road
City White Plains State NY Zip Code 10606
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342625
Date of Disbursement: 10 / 02 / 2008
Amount of Each Disbursement this Period: 150.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
White Plains Library Foundation
Mailing Address 100 Martine Ave
City White Plains State NY Zip Code 10601
Purpose of Disbursement: Journal Advertisement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342645
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **725.00**

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

Image# 29990953553

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Workers Memorial Monument Fund

Mailing Address 336 Central Park Ave

City: White Plains | State: NY | Zip Code: 10606

Purpose of Disbursement: Event Ticket

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342643
Date of Disbursement: 10 / 13 / 2008

Amount of Each Disbursement this Period: 100.00

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

B.

Full Name (Last, First, Middle Initial)
Yonkers Chamber of Commerce

Mailing Address 20 South Broadway #1207

City: Yonkers | State: NY | Zip Code: 10701

Purpose of Disbursement: Event Tickets

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D342649
Date of Disbursement: 10 / 13 / 2008

Amount of Each Disbursement this Period: 350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	**450.00**
TOTAL This Period (last page this line number only) ▶	**96256.84**

Image# 29990953554

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.
Full Name (Last, First, Middle Initial)
Clarkstown Democratic Committee
Mailing Address PO Box 442
City: New City | State: NY | Zip Code: 10956
Purpose of Disbursement: Transfer of Excess Campaign Funds
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Transaction ID: D342659
Date of Disbursement: 10 / 14 / 2008
Amount of Each Disbursement this Period: 250.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
New York State Democratic Committee
Mailing Address 461 Park Avenue South
City: New York | State: NY | Zip Code: 10016
Purpose of Disbursement: Transfer of Excess Campaign Funds
Candidate Name: NEW YORK STATE DEMOCRATIC COMMITTEE
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Transaction ID: D342653
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 10000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
NYS Association of Chiefs of Police
Mailing Address 2697 Hamburg Street
City: Schenectady | State: NY | Zip Code: 12303
Purpose of Disbursement: Annual Membership Donation
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Transaction ID: D342644
Date of Disbursement: 10 / 13 / 2008
Amount of Each Disbursement this Period: 150.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **10400.00**

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

Image# 29990953555

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
NYS Democratic Senate Campaign Comm

Mailing Address 107 Washington Avenue

City: Albany | State: NY | Zip Code: 12210

Purpose of Disbursement
Transfer of Excess Campaign Funds

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: D342654

Date of Disbursement: 10 / 13 / 2008

Amount of Each Disbursement this Period: 10000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶	**10000.00**
TOTAL This Period (last page this line number only) ▶	**20400.00**

Image# 29990953556

Form/Schedule: **F3A**
Transaction ID:

Report is amended to update Column B figures.

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