



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Nita Lowey for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 170632.92               | 655140.97                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 170632.92               | 655140.97                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 103342.80               | 474923.07                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 21236.06                | 21236.06                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 82106.74                | 453687.01                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 938452.83               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**Nita Lowey for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 144450.00                     | 592850.00                          |
| (ii) Unitemized.....   | 7945.00                       | 24402.00                           |
| (iii) TOTAL of contributions from individuals ▶  | 152395.00                     | 617252.00                          |
| (b) Political Party Committees.....  | 37.92                         | 88.97                              |
| (c) Other Political Committees (such as PACs).....   | 18200.00                      | 37800.00                           |
| (d) The Candidate.....   | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 170632.92                     | 655140.97                          |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                          | 0.00                               |
| <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>                                | 21236.06                      | 21236.06                           |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 184.75                        | 15998.48                           |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 192053.73                     | 692375.51                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 103342.80                     | 474923.07                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 34078.00                      | 177306.00                          |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 137420.80                     | 652229.07                          |

**III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 883819.90  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 192053.73  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1075873.63 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 137420.80  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 938452.83  |

**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 5 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Joseph Aresty**

Mailing Address 1404 Flager Drive

City Mamaroneck State NY Zip Code 10543

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

Name of Employer Alfred Dunner Inc. Occupation Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19196191**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1404 Flager Drive

City Mamaroneck State NY Zip Code 10543

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

Name of Employer Alfred Dunner Inc. Occupation Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19196192**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 38 Brae Burn Drive

City Purchase State NY Zip Code 10577

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

Name of Employer NA Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129176**

Amount of Each Receipt this Period  
250.00

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

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

5250.00

**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 6 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Ralph Baruch**

Mailing Address 784 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2011

**Transaction ID : C19128721**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2 Penn Boulevard

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129171**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 181 East 65th Street, 31A

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
Bernstein Litowitz Berger et al Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2011

**Transaction ID : C19129348**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 86  
(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)  
**James A. Block**

Mailing Address 750 Third Avenue  
9th Floor

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147201**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 770 Taylors Lane

City State Zip Code  
Mamaroneck NY 10543

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2011

**Transaction ID : C19128719**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8 Timber Trail

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2011

**Transaction ID : C19161520**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 8 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Shoshana S. Cardin**

Mailing Address 3624 Anton Farms Rd.

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Baltimore | MD    | 21208    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| N/A              | Retired    |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 19 / 2011**

**Transaction ID : C19147215**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 20 Norman Dr

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Rye  | NY    | 10580    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| none             | retired    |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2011**

**Transaction ID : C19158659**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 82 Rye Ridge Road

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Harrison | NY    | 10528    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Self-Employed    | Realtor    |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2011**

**Transaction ID : C19162496**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**



**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 9 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Irving N. Claremon**

Mailing Address 82 Rye Ridge Road

City Harrison State NY Zip Code 10528

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

Name of Employer Self-Employed Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2011

**Transaction ID : C19162508**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1619 Purchase Street

City Purchase State NY Zip Code 10577

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

Name of Employer Kenneth Cole Productions Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2011

**Transaction ID : C19121920**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1619 Purchase Street

City Purchase State NY Zip Code 10577

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

Name of Employer Kenneth Cole Productions Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2011

**Transaction ID : C19121921**

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

**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 10 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen Corton</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 30 / 2011 |
| Mailing Address 1 Hillcrest Drive   |                                   | <b>Transaction ID : C19165113</b>                            |
| City<br>Pelham  | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00                |
| Name of Employer<br>Brickman  | Occupation<br>Real Estate         |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Miriam Curnin</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 23 / 2011 |
| Mailing Address 40 Ocean Avenue   |                                   | <b>Transaction ID : C19158686</b>                            |
| City<br>Larchmont   | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2500.00                |
| Name of Employer<br>N/A   | Occupation<br>Homemaker           |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Miriam Curnin</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 23 / 2011 |
| Mailing Address 40 Ocean Avenue   |                                   | <b>Transaction ID : C19158685</b>                            |
| City<br>Larchmont   | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2500.00                |
| Name of Employer<br>N/A   | Occupation<br>Homemaker           |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6000.00 |
| <b>TOTAL</b> 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: PAGE 11 OF 86  
(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)  
**Barbara Dannenberg**

Mailing Address 34 Century Ridge rd

City State Zip Code  
Purchase NY 10577

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147196**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 34 Century Ridge Rd

City State Zip Code  
Purchase NY 10577-1911

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147199**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 44 Beech Hill Road

City State Zip Code  
SCARSDALE NY 10583-3605

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147250**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 12 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Sam Eisenberg**

Mailing Address 1200 Midland Ave Apt 12D

City State Zip Code  
Bronxville NY 10708-6407

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

Name of Employer Occupation  
Kurzman & Eisenberg Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : C19145896**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 760 Forest Avenue

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Cowen & Company Investment Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2011

**Transaction ID : C19161516**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 460 Park Ave

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Farkouh Furman & Faccio, LLP Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2011

**Transaction ID : C19117079**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 13 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Jessica Fass**

Mailing Address 8 Cathlow Drive

City Riverside State CO Zip Code 06878

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

Name of Employer Self-Employed Occupation Photographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2011

**Transaction ID : C19127048**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 8 Cathlow Drive

City Riverside State CO Zip Code 06878

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

Name of Employer Self-Employed Occupation Photographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2011

**Transaction ID : C19127248**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1004 Bridgewood Place

City Boca Raton State FL Zip Code 33434

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

Name of Employer Field Lomenzo, P.C. Occupation attorneys

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : C19158489**

Amount of Each Receipt this Period  
250.00

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

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

5250.00

**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 14 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Scott J Fleming**

Mailing Address 3467 Mildred Drive

City Falls Church State VA Zip Code 22042-3909

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

Name of Employer Georgetown University Occupation Associate Vice President for Federal R

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2011**

**Transaction ID : C19145382**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 9 The Crossing At Blind Brook

City Purchase State NY Zip Code 10577

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2011**

**Transaction ID : C19126866**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 9 The Crossing At Blind Brook

City Purchase State NY Zip Code 10577

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2011**

**Transaction ID : C19158214**

Amount of Each Receipt this Period  
**300.00**

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

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

**600.00**

**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 15 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Dana Freyer**

Mailing Address 25 Autenrieth Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Skadden Arps Slate Meagher & Flom LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : C19158770**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12 Piping Rock Way

City New Rochelle State NY Zip Code 10804

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

Name of Employer N/A Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2011

**Transaction ID : C19127249**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3 Purchase Hills Drive

City Purchase State NY Zip Code 10577

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

Name of Employer S.L. Gilbert & Company Occupation Chairman/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2011

**Transaction ID : C19133070**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 16 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joan Ginsburg</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 01 / 2011 |  |
| Mailing Address 70 Law Road   |                                   | <b>Transaction ID : C19128712</b>                            |  |
| City<br>Briarcliff  | State<br>NY                       | Zip Code<br>10510  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2500.00                |  |
| Name of Employer<br>N/A   | Occupation<br>Homemaker           |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joan Ginsburg</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 01 / 2011 |  |
| Mailing Address 70 Law Road   |                                   | <b>Transaction ID : C19128715</b>                            |  |
| City<br>Briarcliff  | State<br>NY                       | Zip Code<br>10510  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2500.00                |  |
| Name of Employer<br>N/A   | Occupation<br>Homemaker           |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. E. Robert Goodkind</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 25 / 2011 |  |
| Mailing Address 9 Douglas Circle  |                                   | <b>Transaction ID : C19161512</b>                            |  |
| City<br>Rye   | State<br>NY                       | Zip Code<br>10580  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00                |  |
| Name of Employer<br>Goodkind Labaton Rudoff Sucharow  | Occupation<br>Attorney            |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3500.00 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6000.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |



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

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

FOR LINE NUMBER: PAGE 17 OF 86  
(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)  
**Jamie Beck Gordon**

Mailing Address 628 Orienta Avenue

City State Zip Code  
Mamaroneck NY 10543

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : C19158267**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 GENESEE TRAIL

City State Zip Code  
HARRISON NY 10528

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

Name of Employer Occupation  
NONE NONE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C19120963**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 26 Island Drive

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : C19132050**

Amount of Each Receipt this Period  
1000.00

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

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

1600.00

**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 18 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**George Gottlieb**

Mailing Address 146 Brite Avenue

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Gottlieb, Rackman & Reisman Patent Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129179**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 60 Cuttermill Rd

City State Zip Code  
Great Neck NY 11021

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

Name of Employer Occupation  
REIT Exec Real Estate Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129181**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11 Summit Lane

City State Zip Code  
Wilmington DE 19807

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

Name of Employer Occupation  
Grant & Eisenhofer Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2011

**Transaction ID : C19129347**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 19 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Marc Greenwald**

Mailing Address 11 Aspen Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Quinn Emanuel Urquhart & Sullivan, LLP Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : C19158457**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 86 Livingston Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Endico Potatoes Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : C19158709**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 11 Oak Lane

City Larchmont State NY Zip Code 10538

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

Name of Employer none Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147945**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 20 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Lisinia Hoch**

Mailing Address 39 Matthiessen Park

City Irvington State NY Zip Code 10533-1512

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147181**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 19 Griffen Avenue

City Scarsdale State NY Zip Code 10583

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

Name of Employer none Occupation none

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2011

**Transaction ID : C19112135**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1 Pond Park Road

City Great Neck State NY Zip Code 11023

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

Name of Employer Citigroup Occupation Sr. Managing Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : C19158712**

Amount of Each Receipt this Period  
 2500.00

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

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

3400.00

**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 21 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Paul Isaac**

Mailing Address 75 Prospect Avenue

City Larchmont State NY Zip Code 10538

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

Name of Employer Cadogan Mgmt Occupation Analyst

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2011

**Transaction ID : C19126855**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 75 Prospect Avenue

City Larchmont State NY Zip Code 10538

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

Name of Employer Cadogan Mgmt Occupation Analyst

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2011

**Transaction ID : C19126854**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 150 Central Park S. Apt 1601

City New York State NY Zip Code 10019-1566

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

Name of Employer KIDS Occupation Volunteer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2011

**Transaction ID : C19121919**

Amount of Each Receipt this Period  
250.00

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

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

5250.00

**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 22 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Howard Kagan</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |   |
| Mailing Address po box 1355   |                                   | <b>Transaction ID : C19147372</b>                            |   |
| City<br>new york  | State<br>NY                       | Zip Code<br>10028  | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>self  | Occupation<br>self                |  |   |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |   |

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Howard Kagan</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |   |
| Mailing Address po box 1355   |                                   | <b>Transaction ID : C19148101</b>                            |   |
| City<br>new york  | State<br>NY                       | Zip Code<br>10028  | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>self  | Occupation<br>self                |  |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |   |

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Janet Kagan</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |   |
| Mailing Address po box 1355   |                                   | <b>Transaction ID : C19147374</b>                            |   |
| City<br>new york  | State<br>NY                       | Zip Code<br>10028  | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>self  | Occupation<br>self                |  |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00 |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7500.00 |
| <b>TOTAL</b> 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 23 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Janet Kagan**

Mailing Address po box 1355

City new york State NY Zip Code 10028

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

Name of Employer self Occupation self

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19148104**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 380 Park Avenue

City Rye State NY Zip Code 10580

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

Name of Employer Earle W. Kazis Assoc. Inc. Occupation Real Estate Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2011

**Transaction ID : C19161244**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 380 Park Avenue

City Rye State NY Zip Code 10580

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

Name of Employer Earle W. Kazis Assoc., Inc. Occupation Real Estate Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2011

**Transaction ID : C19161241**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 24 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Shirley Kesselman**

Mailing Address 446 Heritage Hls. #B

City Somers State NY Zip Code 10589-1920

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129185**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address Cabbage Hill Farm  
155 Crow Hill Road

City Mount Kisco State NY Zip Code 10549

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19167536**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address Cabbage Hill Farm  
155 Crow Hill Road

City Mount Kisco State NY Zip Code 10549

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19167535**

Amount of Each Receipt this Period  
 2500.00

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

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

4000.00



**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 25 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**P. Nicholas Kourides**

Mailing Address 27 Polly Park Road

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
AMERICAN EXPRESS COMPANY Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : C19159820**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 535 East 86th St

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Kronish Associates Insurance & Financial Stragist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2011

**Transaction ID : C19128720**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2 Ponds Ln

City State Zip Code  
Purchase NY 10577-1711

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

Name of Employer Occupation  
Krupman Family Foundation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2011

**Transaction ID : C19126867**

Amount of Each Receipt this Period  
250.00

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

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

600.00

**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 26 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Robert Todd Lang</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 01 / 2011 |
| Mailing Address 28 Oxford Road  |  | <b>Transaction ID : C19128272</b>                            |
| City<br>Scarsdale   | State<br>NY                                  | Zip Code<br>10583  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00 |  |
| Name of Employer<br>Weil Gotshal Manges LLP   | Occupation<br>Attorney                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>Deborah Slaner Larkin</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |
| Mailing Address 237 Loring Avenue   |   | <b>Transaction ID : C19147192</b>                            |
| City<br>Pelham  | State<br>NY                                   | Zip Code<br>10803  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>2500.00 |  |
| Name of Employer<br>USTA  | Occupation<br>Executive                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Deborah Slaner Larkin</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |
| Mailing Address 237 Loring Avenue   |  | <b>Transaction ID : C19147193</b>                            |
| City<br>Pelham  | State<br>NY                                  | Zip Code<br>10803  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00 |  |
| Name of Employer<br>USTA  | Occupation<br>Executive                      |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00            |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3100.00 |
| <b>TOTAL</b> 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 27 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Jack Lerner**

Mailing Address 196 Villard Avenue

City Hastings-on-Hudson State NY Zip Code 10706

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

Name of Employer Prudential Financial, Inc. Occupation Corporate Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2011

**Transaction ID : C19112146**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1601 Forum Place Suite 500

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Hilcoast Development Corp. Occupation Chairman & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2011

**Transaction ID : C19128718**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1057 Constable Drive

City Mamaroneck State NY Zip Code 10543

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

Name of Employer N/A Occupation Former Mayor of Larchmont

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2011

**Transaction ID : C19133075**

Amount of Each Receipt this Period  
 2500.00

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

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

3750.00

**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 28 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cheryl Lewy</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 18 / 2011 |  |
| Mailing Address 1057 Constable Drive  |             | <b>Transaction ID : C19133076</b>                            |  |
| City<br>Mamaroneck  | State<br>NY | Zip Code<br>10543  |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>2500.00                |  |
| Name of Employer<br>N/A   |             | Occupation<br>Former Mayor of Larchmont                      |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>5000.00                            |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Glen S Lewy</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 18 / 2011 |  |
| Mailing Address 1057 Constable Drive  |             | <b>Transaction ID : C19133077</b>                            |  |
| City<br>Mamaroneck  | State<br>NY | Zip Code<br>10543  |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>2500.00                |  |
| Name of Employer<br>Hudson Ventures   |             | Occupation<br>Venture Capitalist                             |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>5000.00                            |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Glen S Lewy</b>  |             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 18 / 2011 |  |
| Mailing Address 1057 Constable Drive  |             | <b>Transaction ID : C19133078</b>                            |  |
| City<br>Mamaroneck  | State<br>NY | Zip Code<br>10543  |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>2500.00                |  |
| Name of Employer<br>Hudson Ventures   |             | Occupation<br>Venture Capitalist                             |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>5000.00                            |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7500.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

**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 29 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Dorothy Lichtenstein**

Mailing Address PO Box 1369

City Southampton State NY Zip Code 11969

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2011

**Transaction ID : C19133079**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4661 Palisade Ave

City Bronx State NY Zip Code 10471

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

Name of Employer Westchester Medical Center Occupation Hospital Planner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2011

**Transaction ID : C19161523**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 40 West Elm Street, Apt. 5L

City Greenwich State CT Zip Code 06830

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

Name of Employer Wein & Malkin LLC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2011

**Transaction ID : C19130350**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

**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 30 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Eric R. Mandel**

Mailing Address 5 Heather Lane

City State Zip Code  
White Plains NY 10605

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2011

**Transaction ID : C19130358**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 34 Brae Burn Drive

City State Zip Code  
Purchase NY 10577

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

Name of Employer Occupation  
Mayrsohn International Trading Co. Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2011

**Transaction ID : C19161245**

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 149

City State Zip Code  
Dobbs Ferry NY 10522

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C19121044**

Amount of Each Receipt this Period  
2500.00

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

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

5100.00

**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 31 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Katherine Moore**

Mailing Address 4100 Theall Road

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2011

**Transaction ID : C19147203**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 49 Riverview Ave

City State Zip Code  
Ardsley NY 10502-2332

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

Name of Employer Occupation  
Self-Employed Marketing Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 29 / 2011

**Transaction ID : C19135968**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 40 Fifth Avenue #11C

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Self Self

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : C19165110**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

**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 32 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Philip Munger**

Mailing Address 40 Fifth Avenue #11C

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Self Self

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19164414**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 6511 Princeton Dr.

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Occupation  
Cornerstone Government Affairs Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2011

**Transaction ID : C19146080**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 93 Giordano Dr

City State Zip Code  
West Orange NJ 07052-4118

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147210**

Amount of Each Receipt this Period  
500.00

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

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

3500.00



**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 33 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Toby Myerson**

Mailing Address 1056 Fifth Avenue, Apt. 4-AB

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Paul, Weiss, Rifkind, Wharton & Garris Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2011

**Transaction ID : C19130342**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 15 Middle Patent Rd

City State Zip Code  
Armonk NY 10504

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : C19159827**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark O'Friel**

Mailing Address 22 Cornell Street

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
MOF Capital/Finance Managing Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : C19158261**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

**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 34 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Herbert Oestreich</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 15 / 2011 |
| Mailing Address 1 Well House Lane   |  | <b>Transaction ID : C19117035</b>                            |
| City State Zip Code<br>Mamaroneck NY 10543  | Amount of Each Receipt this Period<br>1000.00                  |  |
| FEC ID number of contributing federal political committee. C  | Name of Employer Occupation<br>Self-Employed Physician/Surgeon | Amount of Each Receipt this Period<br>1000.00                |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00                              |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Harry Phillips III</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |
| Mailing Address 71 Hawthorne Way  |  | <b>Transaction ID : C19147206</b>                            |
| City State Zip Code<br>Hartsdale NY 10530   | Amount of Each Receipt this Period<br>500.00                   |  |
| FEC ID number of contributing federal political committee. C  | Name of Employer Occupation<br>Phillips Compensation Insurance | Amount of Each Receipt this Period<br>700.00                 |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>700.00                               |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Yvonne Pollack</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 26 / 2011 |
| Mailing Address 8 Long Meadow Road  |   | <b>Transaction ID : C19159804</b>                            |
| City State Zip Code<br>Bedford NY 10506   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. C  | Name of Employer Occupation<br>N/A Homemaker  | Amount of Each Receipt this Period<br>1000.00                |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00             |  |

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

**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 35 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Lilly Lieb Port**

Mailing Address 25 Murray Hill Rd

City Scarsale State NY Zip Code 10583

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2011

**Transaction ID : C19126847**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 31 Meadow 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147165**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 270 Glendale Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Eagleview Capital Partners Occupation Mortgage Trader

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2011

**Transaction ID : C19142528**

Amount of Each Receipt this Period  
**2500.00**

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

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

**2850.00**

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

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

FOR LINE NUMBER: PAGE 36 OF 86  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Gary Reback**

Mailing Address 270 Glendale Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Eagleview Capital Partners Occupation Mortgage Trader

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2011

**Transaction ID : C19142527**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 270 Glendale Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2011

**Transaction ID : C19142530**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 270 Glendale Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2011

**Transaction ID : C19142529**

Amount of Each Receipt this Period  
2500.00

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

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

7500.00

**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 37 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Joyce Rheingold**

Mailing Address 5 Manursing Way

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
NA Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2011

**Transaction ID : C19161521**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 305 E 24th Street

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation  
School of Visual Arts Academic

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2011

**Transaction ID : C19112128**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 25 Beech Tree Lane

City State Zip Code  
Pelham NY 10803

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

Name of Employer Occupation  
Castle Oil Inc. CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19167543**

Amount of Each Receipt this Period  
500.00

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

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

5500.00

**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 38 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Philip Rosen**

Mailing Address 75 Echo Bay Drive

City State Zip Code  
New Rochelle NY 10805

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

Name of Employer Occupation  
Rosen Development Group, Inc. President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2011

**Transaction ID : C19129839**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 29 East 64 Street

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
Self Psychotherapist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2011

**Transaction ID : C19121916**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 60 Field Point Circle

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129184**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

**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 39 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Jane Safer**

Mailing Address 112 East 66th Street

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Self-Employed Museum Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : C19159755**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 221 Corona Ave

City State Zip Code  
Pelham NY 10803

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

Name of Employer Occupation  
Self Employed Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2011

**Transaction ID : C19126858**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 221 Corona Ave

City State Zip Code  
Pelham NY 10803

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

Name of Employer Occupation  
Self Employed Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147155**

Amount of Each Receipt this Period  
350.00

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

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

550.00

**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 40 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Parag Saxena**

Mailing Address 6 Timber Trail

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Vedanta Capital venture capitalist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19163150**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harriet P Schleifer M.D.**

Mailing Address 49 Carolyn Place

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Occupation  
Student Advocacy Inc. Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2011

**Transaction ID : C19161518**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 360 Orienta Avenue

City State Zip Code  
Mamaroneck NY 10543

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

Name of Employer Occupation  
Rye Psychiatric Hospital Center Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2011

**Transaction ID : C19162497**

Amount of Each Receipt this Period  
250.00

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

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

4750.00



**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 41 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Sara Lee Schupf**

Mailing Address 122 Nash Road

City North Salem State NY Zip Code 10560

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

Name of Employer N/A Occupation Science Advocate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129189**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7 Douglas Lane

City Larchmont State NY Zip Code 10538

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

Name of Employer Mamaroneck Town Council Occupation Councilwoman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2011

**Transaction ID : C19161536**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 29 Montrose Road

City Scarsdale State NY Zip Code 10583-1129

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

Name of Employer Elite Home Products Inc. Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : C19148017**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 42 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                    |  |
|---|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Theodore T Shultz</b>   |                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 12 / 2011 |
| Mailing Address 25 Alden Road   |                    | <b>Transaction ID : C19112139</b>                            |
| City<br>Larchmont   | State<br>NY        |  |
| FEC ID number of contributing federal political committee.<br>C   |                    | Amount of Each Receipt this Period<br>125.00                 |
| Name of Employer<br>none  | Occupation<br>none | Election Cycle-to-Date<br>550.00                             |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    |  |

|   |                    |  |
|---|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Theodore T Shultz</b>   |                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 12 / 2011 |
| Mailing Address 25 Alden Road   |                    | <b>Transaction ID : C19121915</b>                            |
| City<br>Larchmont   | State<br>NY        |  |
| FEC ID number of contributing federal political committee.<br>C   |                    | Amount of Each Receipt this Period<br>125.00                 |
| Name of Employer<br>none  | Occupation<br>none | Election Cycle-to-Date<br>550.00                             |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Harvey I. Sloane</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 14 / 2011 |
| Mailing Address 3631 39th Street, NW  |                                       | <b>Transaction ID : C19146078</b>                            |
| City<br>Washington  | State<br>DC                           |  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Institute for Health Policy Analysis  | Occupation<br>Director, Public Health | Election Cycle-to-Date<br>250.00                             |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                       |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.00 |
| <b>TOTAL</b> 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 43 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Arthur Stampleman**

Mailing Address 720 Milton Rd., Apt W2B

City State Zip Code  
Rye NY 10580

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

Name of Employer none Occupation retired banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2011

**Transaction ID : C19128271**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 56 Shore View Drive

City State Zip Code  
Yonkers NY 10710

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

Name of Employer none Occupation none

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129172**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 56 Shore View Drive

City State Zip Code  
Yonkers NY 10710

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

Name of Employer none Occupation none

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : C19147149**

Amount of Each Receipt this Period  
 50.00

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

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

1150.00

**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 44 OF 86 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David Steiner</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 04 / 2011 |  |
| Mailing Address Lewellen Park   |                                  | <b>Transaction ID : C19129182</b>                            |  |
| City<br>West Orange   | State<br>NJ                      | Zip Code<br>07052  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00                 |  |
| Name of Employer<br>Steiner Equities  | Occupation<br>CEO                |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard R Straus</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2011 |  |
| Mailing Address 3405 Rodman Street, NW  |                                  | <b>Transaction ID : C19147189</b>                            |  |
| City<br>Washington  | State<br>DC                      | Zip Code<br>20008  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00                 |  |
| Name of Employer<br>Middle East Policy Survey   | Occupation<br>Consultant         |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marilyn Thypin</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 06 / 2011 |  |
| Mailing Address 400 East 56th Street  |                                  | <b>Transaction ID : C19141232</b>                            |  |
| City<br>New York  | State<br>NY                      | Zip Code<br>10022  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00                 |  |
| Name of Employer<br>Thypin Steel  | Occupation<br>Vice President     |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 500.00  |

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

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

FOR LINE NUMBER: PAGE 45 OF 86  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Edgar Wachenheim III**

Mailing Address 95 Rye Road

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Greenhaven Associates Inc. Investment Management

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2011

**Transaction ID : C19133074**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 42 Winfield Avenue

City State Zip Code  
Harrison NY 10528

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129183**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 321 Ardsley Road

City State Zip Code  
Longmeadow MA 01106

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2011

**Transaction ID : C19129219**

Amount of Each Receipt this Period  
500.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 86  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Kashif Zafar**

Mailing Address 14781 Memorial Drive

City Houston State TX Zip Code 77079

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

Name of Employer Barclays Capital Occupation Investment Banking

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19164521**

Amount of Each Receipt this Period  
 2500.00

**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

**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

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

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

2500.00

144450.00

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

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

FOR LINE NUMBER: PAGE 47 OF 86  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
88.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2011

**Transaction ID : C19133166**

Amount of Each Receipt this Period  
12.70

\* In-Kind: Fundraising Services

**B.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
88.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19200516**

Amount of Each Receipt this Period  
25.22

\* In-Kind: Fundraising Services

**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

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

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

37.92

37.92

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 48 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**American Academy of Nurse Practitioners PAC**

Mailing Address **PO Box 40473**

City **Washington** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00358903**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : C19162490**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**American Academy of Nurse Practitioners PAC**

Mailing Address **PO Box 40473**

City **Washington** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00358903**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : C19162491**

Amount of Each Receipt this Period  
**400.00**

**C.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC**

Mailing Address **777 6th Street, NW  
Suite 200**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2011**

**Transaction ID : C19146076**

Amount of Each Receipt this Period  
**4000.00**

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

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

**4700.00**



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 49 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**American College of Physician Services**

Mailing Address **25 MASSACHUSETTS AVE, NW  
SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2011**

**Transaction ID : C19161532**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Federation Of State County & Municipal Em**

Mailing Address **1625 L Street NW**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : C19165120**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Federation Of State County & Municipal Em**

Mailing Address **1625 L Street NW**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : C19165121**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 50 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**American Federation Of State County & Municipal Em**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : C19165122**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011

**Transaction ID : C19148115**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THE**

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2011

**Transaction ID : C19121922**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 51 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**ARENT FOX LLP PAC (AFPAC)**

Mailing Address **arent Fox LLP**  
1050 Connecticut Avenue, NW

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00241380**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2011**

**Transaction ID : C19146075**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address **1200 Wilson Boulevard**

City **Arlington** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : C19198463**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Committee on Letter Carriers Political Education**

Mailing Address **Nat'l Ass'n of Letter Carriers**  
100 Indiana Avenue NW

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2011**

**Transaction ID : C19159735**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

**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 52 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)**

Mailing Address **1771 N STREET NW**

City State Zip Code  
**WASHINGTON DC 20036**

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 14 2011**

**Transaction ID : C19146069**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**National Committee to Preserve Social Security and**

Mailing Address **Medicare Federal PAC  
10 G Street Street NE #600**

City State Zip Code  
**Washington DC 20002**

FEC ID number of contributing federal political committee. **C C00172296**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 14 2011**

**Transaction ID : C19146064**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**National Postal Mail Handlers Union**

Mailing Address **905 16TH ST., NW  
SECOND FLOOR**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C00345306**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 23 2011**

**Transaction ID : C19159745**

Amount of Each Receipt this Period  
**1000.00**

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

**3000.00**

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

**18200.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 53 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>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)  
**DNC Travel Offset Account**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21236.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2011

**Transaction ID : C19162486**

Amount of Each Receipt this Period  
21236.06

Partial Refund of 4/25/10 Expenditure

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

21236.06

21236.06

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

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

FOR LINE NUMBER: PAGE 54 OF 86  
(check only one)  
 11a  11b  11c  11d  15  
 12  13a  13b  14

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

**A.** Full Name (Last, First, Middle Initial)  
**Bank of America, NA**

Mailing Address 730 15th St NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**357.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2011**

**Transaction ID : C19138600**

Amount of Each Receipt this Period  
**32.86**

**B.** Full Name (Last, First, Middle Initial)  
**Bank of America, NA**

Mailing Address 730 15th St NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**357.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2011**

**Transaction ID : C19200891**

Amount of Each Receipt this Period  
**23.33**

**C.** Full Name (Last, First, Middle Initial)  
**Bank of America, NA**

Mailing Address 730 15th St NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**357.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : C19200892**

Amount of Each Receipt this Period  
**21.21**

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

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

**77.40**

**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 55 OF 86 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" type="checkbox"/> 15 |               |

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

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Citibank, N.A.</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 29 / 2011 |
| Mailing Address PO Box 5870   |                                  | <b>Transaction ID : C19138601</b>                            |
| City<br>New York  | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>37.38                  |
| Name of Employer  | Occupation                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>371.91 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Citibank, N.A.</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 31 / 2011 |
| Mailing Address PO Box 5870   |                                  | <b>Transaction ID : C19200889</b>                            |
| City<br>New York  | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>37.40                  |
| Name of Employer  | Occupation                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>371.91 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Citibank, N.A.</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 30 / 2011 |
| Mailing Address PO Box 5870   |                                  | <b>Transaction ID : C19200890</b>                            |
| City<br>New York  | State<br>NY                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>32.57                  |
| Name of Employer  | Occupation                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>371.91 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 107.35 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 184.75 |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 56 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 01 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>4.95</b>               |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479771</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 05 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>595.33</b>             |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479799</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 02 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>4.95</b>               |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479825</b>                                      |
| State: District:   |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>605.23</b> |
| <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:<br>(check only one)  | PAGE 57 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 05 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>201.75</b>             |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479838</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 01 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>4.95</b>               |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479854</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express Merchant Services</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 06 / 2011</b> |
| Mailing Address <b>PO Box 53852</b>  |  | Amount of Each Disbursement this Period<br><b>321.44</b>             |
| City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072</b>  | Purpose of Disbursement<br><b>Merchant Fees</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479875</b>                                      |
| State: District:   |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>528.14</b> |
| <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:<br>(check only one)          | PAGE 58 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Beta Parking</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 01 / 2011                        |
| Mailing Address 545 5th Avenue   |   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : D479853</b> |
| City<br>New York   | State<br>NY   |  |
| Zip Code<br>10017  | Purpose of Disbursement<br>Monthly Parking  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Beta Parking</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 01 / 2011                        |
| Mailing Address 545 5th Avenue   |   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : D479808</b> |
| City<br>New York   | State<br>NY   |  |
| Zip Code<br>10017  | Purpose of Disbursement<br>Monthly Parking  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Beta Parking</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2011                        |
| Mailing Address 545 5th Avenue   |   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : D479769</b> |
| City<br>New York   | State<br>NY   |  |
| Zip Code<br>10017  | Purpose of Disbursement<br>Monthly Parking  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 600.00 |
| <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:<br>(check only one)          | PAGE 59 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Columbus Day Celebration Committee Journa</b>                            |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 23 / 2011                        |
| Mailing Address 57 Park Hill Avenue   |  |                   | Amount of Each Disbursement this Period<br>205.00<br><b>Transaction ID : D479869</b> |
| City<br>Yonkers   | State<br>NY  | Zip Code<br>10701 |  |
| Purpose of Disbursement<br>Journal Advertisement  | Candidate Name   |                   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |
| State: District:  |  |                   |  |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Deer Park Spring Water</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2011                       |
| Mailing Address PO Box 856192   |  |                        | Amount of Each Disbursement this Period<br>65.01<br><b>Transaction ID : D479791</b> |
| City<br>Louisville  | State<br>KY  | Zip Code<br>40285-6192 |   |
| Purpose of Disbursement<br>Office Supplies  | Candidate Name   |                        | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |
| State: District:  |  |                        |   |

|   |  |                        |   |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Deer Park Spring Water</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 03 / 2011                       |
| Mailing Address PO Box 856192   |  |                        | Amount of Each Disbursement this Period<br>15.00<br><b>Transaction ID : D479830</b> |
| City<br>Louisville  | State<br>KY  | Zip Code<br>40285-6192 |   |
| Purpose of Disbursement<br>Office Supplies  | Candidate Name   |                        | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |
| State: District:  |  |                        |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 205.01 |
| <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:<br>(check only one)          | PAGE 60 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

Full Name (Last, First, Middle Initial)  
**A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2011

Amount of Each Disbursement this Period: 12.70

Transaction ID : D474930

\* In-Kind Received

Full Name (Last, First, Middle Initial)  
**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2011

Amount of Each Disbursement this Period: 25.22

Transaction ID : D479604

\* In-Kind Received

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 14 / 2011

Amount of Each Disbursement this Period: 880.00

Transaction ID : D479776

**SUBTOTAL** of Disbursements This Page (optional) ..... 917.92

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 61 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Direct Mail of New York, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 19 / 2011</b>                        |
| Mailing Address <b>3199 Alba Post Road Suite 158</b>  |  | Amount of Each Disbursement this Period<br><b>220.00</b><br><b>Transaction ID : D479784</b> |
| City <b>Buchanan</b> State <b>NY</b> Zip Code <b>10511</b>  | Purpose of Disbursement<br><b>Postage</b>  |   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Direct Mail of New York, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 20 / 2011</b>                         |
| Mailing Address <b>3199 Alba Post Road Suite 158</b>  |  | Amount of Each Disbursement this Period<br><b>2420.00</b><br><b>Transaction ID : D479858</b> |
| City <b>Buchanan</b> State <b>NY</b> Zip Code <b>10511</b>  | Purpose of Disbursement<br><b>Postage</b>  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Direct Mail of New York, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 09 / 2011</b>                         |
| Mailing Address <b>3199 Alba Post Road Suite 158</b>  |  | Amount of Each Disbursement this Period<br><b>1540.00</b><br><b>Transaction ID : D479877</b> |
| City <b>Buchanan</b> State <b>NY</b> Zip Code <b>10511</b>  | Purpose of Disbursement<br><b>Postage</b>  |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4180.00</b> |
| <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:<br>(check only one)          | PAGE 62 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kimberly L. DiTomasso</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 01 / 2011</b>                         |
| Mailing Address <b>428 W 23rd St, #2B</b>   |  | Amount of Each Disbursement this Period<br><b>6500.00</b><br><b>Transaction ID : D479852</b> |
| City <b>New York</b> State <b>NY</b> Zip Code <b>10011</b>  | Purpose of Disbursement<br><b>Campaign Management Services</b>   |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kimberly L. DiTomasso</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 01 / 2011</b>                         |
| Mailing Address <b>428 W 23rd St, #2B</b>   |  | Amount of Each Disbursement this Period<br><b>6500.00</b><br><b>Transaction ID : D479768</b> |
| City <b>New York</b> State <b>NY</b> Zip Code <b>10011</b>  | Purpose of Disbursement<br><b>Campaign Management Services</b>   |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kimberly L. DiTomasso</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b>                         |
| Mailing Address <b>428 W 23rd St, #2B</b>   |  | Amount of Each Disbursement this Period<br><b>6500.00</b><br><b>Transaction ID : D479802</b> |
| City <b>New York</b> State <b>NY</b> Zip Code <b>10011</b>  | Purpose of Disbursement<br><b>Campaign Management Services</b>   |  |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>19500.00</b> |
| <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:<br>(check only one)  | PAGE 63 OF 86 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>A. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>07 / 19 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 49.01                                   |
| Deliveries                              |   |   |
| Candidate Name                          | Transaction ID : D479787  |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>B. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>07 / 19 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 31.35                                   |
| Deliveries                              |   |   |
| Candidate Name                          | Transaction ID : D479788  |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>C. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>07 / 19 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 17.00                                   |
| Deliveries                              |   |   |
| Candidate Name                          | Transaction ID : D479789  |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 97.36 |
| <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:<br>(check only one)  | PAGE 64 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>A. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>07 / 19 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 31.38                                   |
| Deliveries                              |   |   |
| Candidate Name                          |   | <b>Transaction ID : D479790</b>         |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State:                                  | District:   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>B. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>08 / 03 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 33.67                                   |
| Deliveries                              |   |   |
| Candidate Name                          |   | <b>Transaction ID : D479831</b>         |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State:                                  | District:   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>C. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>08 / 03 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 31.25                                   |
| Deliveries                              |   |   |
| Candidate Name                          |   | <b>Transaction ID : D479832</b>         |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State:                                  | District:   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 96.30 |
| <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:<br>(check only one)  | PAGE 65 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>A. FEDEX</b>                         |   | M M / D D / Y Y Y Y<br>08 / 03 / 2011   |
| Mailing Address PO BOX 1140             |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Memphis                                 | TN  | 38101                                   |
| Purpose of Disbursement                 | Category/<br>Type   | 110.11                                  |
| Deliveries                              |   | <b>Transaction ID : D479833</b>         |
| Candidate Name                          |   |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>B. Ford Credit</b>                   |   | M M / D D / Y Y Y Y<br>08 / 11 / 2011   |
| Mailing Address PO Box 220564           |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Pittsburgh                              | PA  | 15257-2564                              |
| Purpose of Disbursement                 | Category/<br>Type   | 312.43                                  |
| Monthly Car Lease                       |   | <b>Transaction ID : D479811</b>         |
| Candidate Name                          |   |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |
| <b>C. Ford Credit</b>                   |   | M M / D D / Y Y Y Y<br>09 / 22 / 2011   |
| Mailing Address PO Box 220564           |   | Amount of Each Disbursement this Period |
| City                                    | State   | Zip Code                                |
| Pittsburgh                              | PA  | 15257-2564                              |
| Purpose of Disbursement                 | Category/<br>Type   | 616.28                                  |
| Monthly Car Lease                       |   | <b>Transaction ID : D479860</b>         |
| Candidate Name                          |   |   |
| Office Sought:                          | Disbursement For:   |   |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |   |
| <input type="checkbox"/> President      |   |   |
| State: District:                        |   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1038.28 |
| <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 66 OF 86                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |             |                   |  |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Impressive Paper and Envelope Company</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b> |
| Mailing Address 139 East Prospect Avenue   |             |                   | Amount of Each Disbursement this Period<br><b>1283.14</b>            |
| City<br>Mamaroneck   | State<br>NY | Zip Code<br>10543 |  |
| Purpose of Disbursement<br>Printing  |             | Candidate Name    | Transaction ID : <b>D479804</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |  |

|  |             |                   |  |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Impressive Paper and Envelope Company</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b> |
| Mailing Address 139 East Prospect Avenue   |             |                   | Amount of Each Disbursement this Period<br><b>536.88</b>             |
| City<br>Mamaroneck   | State<br>NY | Zip Code<br>10543 |  |
| Purpose of Disbursement<br>Printing  |             | Candidate Name    | Transaction ID : <b>D479805</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |  |

|  |             |                   |  |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Impressive Paper and Envelope Company</b>   |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b> |
| Mailing Address 139 East Prospect Avenue   |             |                   | Amount of Each Disbursement this Period<br><b>3758.13</b>            |
| City<br>Mamaroneck   | State<br>NY | Zip Code<br>10543 |  |
| Purpose of Disbursement<br>Printing  |             | Candidate Name    | Transaction ID : <b>D479806</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>5578.15</b> |
| <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:<br>(check only one)  | PAGE 67 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Impressive Paper and Envelope Company</b>                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b> |
| Mailing Address <b>139 East Prospect Avenue</b>  |  | Amount of Each Disbursement this Period<br><b>6227.75</b>            |
| City <b>Mamaroneck</b> State <b>NY</b> Zip Code <b>10543</b>   | Purpose of Disbursement<br><b>Printing</b>   |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479807</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jewish Tribune</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 19 / 2011</b> |
| Mailing Address <b>78 Randall Avenue</b>   |  | Amount of Each Disbursement this Period<br><b>547.20</b>             |
| City <b>Rockville Centre</b> State <b>NY</b> Zip Code <b>11570</b>   | Purpose of Disbursement<br><b>Journal Advertisement</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479793</b>                                      |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jewish Week</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 19 / 2011</b> |
| Mailing Address <b>1501 Broadway</b>   |  | Amount of Each Disbursement this Period<br><b>745.00</b>             |
| City <b>New York</b> State <b>NY</b> Zip Code <b>10036</b>   | Purpose of Disbursement<br><b>Journal Advertisement</b>  |  |
| Candidate Name   |  | Category/Type  |
| 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) | <b>Transaction ID : D479785</b>                                      |
| State: District:   |  |  |

|   |                |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>7519.95</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 68 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John Agnesini</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2011                        |
| Mailing Address 21-77 33rd St, 5B  |   | Amount of Each Disbursement this Period<br>350.00<br><b>Transaction ID : D479792</b> |
| City<br>Astoria  | State<br>NY   |  |
| Zip Code<br>11105  | Purpose of Disbursement<br>Graphic Design Services  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. John Agnesini</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011                        |
| Mailing Address 21-77 33rd St, 5B  |   | Amount of Each Disbursement this Period<br>600.00<br><b>Transaction ID : D479823</b> |
| City<br>Astoria  | State<br>NY   |  |
| Zip Code<br>11105  | Purpose of Disbursement<br>Graphic Design Services  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Keypost Realty Corp.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 01 / 2011                         |
| Mailing Address PO Box 8197  |   | Amount of Each Disbursement this Period<br>1466.66<br><b>Transaction ID : D479803</b> |
| City<br>White Plains   | State<br>NY   |   |
| Zip Code<br>10602-8197   | Purpose of Disbursement<br>Office Rent  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2416.66 |
| <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:<br>(check only one)  | PAGE 69 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Keypost Realty Corp.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2011                         |
| Mailing Address PO Box 8197  |   | Amount of Each Disbursement this Period<br>1466.66<br><b>Transaction ID : D479767</b> |
| City<br>White Plains   | State<br>NY   |   |
| Zip Code<br>10602-8197   | Purpose of Disbursement<br>Office Rent  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Keypost Realty Corp.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 01 / 2011                         |
| Mailing Address PO Box 8197  |   | Amount of Each Disbursement this Period<br>1466.66<br><b>Transaction ID : D479851</b> |
| City<br>White Plains   | State<br>NY   |   |
| Zip Code<br>10602-8197   | Purpose of Disbursement<br>Office Rent  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Morton Pictures LLC</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011                        |
| Mailing Address 208 Woodland Hills Rd  |   | Amount of Each Disbursement this Period<br>750.00<br><b>Transaction ID : D479822</b> |
| City<br>White Plains   | State<br>NY   |  |
| Zip Code<br>10603-3133   | Purpose of Disbursement<br>Event Photography Services   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3683.32 |
| <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:<br>(check only one)  | PAGE 70 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Club</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 03 / 2011                        |
| Mailing Address 30 Ivy Street SE  |  |                   | Amount of Each Disbursement this Period<br>584.60<br><b>Transaction ID : D479828</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003 |  |
| Purpose of Disbursement<br>Event Catering   |  | Category/<br>Type |  |
| Candidate Name  |  |                   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |
| State: District:  |  |                   |  |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National Democratic Club</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 30 / 2011                       |
| Mailing Address 30 Ivy Street SE  |  |                   | Amount of Each Disbursement this Period<br>10.00<br><b>Transaction ID : D479836</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003 |   |
| Purpose of Disbursement<br>Membership Fee   |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. National Democratic Club</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2011                       |
| Mailing Address 30 Ivy Street SE  |  |                   | Amount of Each Disbursement this Period<br>10.00<br><b>Transaction ID : D479786</b> |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003 |   |
| Purpose of Disbursement<br>Membership Dues  |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 604.60 |
| <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:<br>(check only one)  | PAGE 71 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Club</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 20 / 2011 |  |  |
| Mailing Address 30 Ivy Street SE  |  |                   | Amount of Each Disbursement this Period<br>10.00              |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003 | Transaction ID : D479859                                      |  |  |
| Purpose of Disbursement<br>Membership Fee   |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NGP VAN Software, Inc.</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2011 |  |  |
| Mailing Address 1101 15th St NW<br>Suite 500  |  |                   | Amount of Each Disbursement this Period<br>2850.00            |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005 | Transaction ID : D479770                                      |  |  |
| Purpose of Disbursement<br>Software License Fee   |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP VAN Software, Inc.</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2011 |  |  |
| Mailing Address 1101 15th St NW<br>Suite 500  |  |                   | Amount of Each Disbursement this Period<br>100.00             |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005 | Transaction ID : D479794                                      |  |  |
| Purpose of Disbursement<br>Software License Fee   |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2960.00 |
| <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:<br>(check only one)          | PAGE 72 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Noam Bramson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 01 / 2011</b>                         |
| Mailing Address 201 Pinebrook Boulevard  |   | Amount of Each Disbursement this Period<br><b>3750.00</b><br><b>Transaction ID : D479766</b> |
| City<br>New Rochelle   | State<br>NY   |  |
| Zip Code<br>10804  | Purpose of Disbursement<br>Strategic Consulting Services  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Noam Bramson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 01 / 2011</b>                         |
| Mailing Address 201 Pinebrook Boulevard  |   | Amount of Each Disbursement this Period<br><b>3750.00</b><br><b>Transaction ID : D479801</b> |
| City<br>New Rochelle   | State<br>NY   |  |
| Zip Code<br>10804  | Purpose of Disbursement<br>Strategic Consulting Services  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Noam Bramson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 01 / 2011</b>                         |
| Mailing Address 201 Pinebrook Boulevard  |   | Amount of Each Disbursement this Period<br><b>3750.00</b><br><b>Transaction ID : D479850</b> |
| City<br>New Rochelle   | State<br>NY   |  |
| Zip Code<br>10804  | Purpose of Disbursement<br>Strategic Consulting Services  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>11250.00</b> |
| <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:<br>(check only one)  | PAGE 73 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 12 / 2011 |
| Mailing Address 100 Painters Mill Road<br>PO Box 388  |  | Amount of Each Disbursement this Period<br>94.00              |
| City Owings Mills   | State MD Zip Code 21117  |   |
| Purpose of Disbursement<br>Payroll Fee  | Category/Type  | <b>Transaction ID : D479855</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 10 / 2011 |
| Mailing Address 100 Painters Mill Road<br>PO Box 388  |  | Amount of Each Disbursement this Period<br>94.00              |
| City Owings Mills   | State MD Zip Code 21117  |   |
| Purpose of Disbursement<br>Payroll Fee  | Category/Type  | <b>Transaction ID : D479809</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Paychex, Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 11 / 2011 |
| Mailing Address 100 Painters Mill Road<br>PO Box 388  |  | Amount of Each Disbursement this Period<br>103.50             |
| City Owings Mills   | State MD Zip Code 21117  |   |
| Purpose of Disbursement<br>Payroll Fee  | Category/Type  | <b>Transaction ID : D479772</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 291.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 74 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |             |                   |   |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PCMS, LLC</b>   |             |                   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 19 / 2011                              |
| Mailing Address 5304 McKinley Street   |             |                   | Amount of Each Disbursement this Period<br>1480.00<br><b>Transaction ID : D479795</b> |
| City<br>Bethesda   | State<br>MD | Zip Code<br>20814 |   |
| Purpose of Disbursement<br>Accounting Services   |             | Candidate Name    | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |   |

|  |             |                   |   |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PCMS, LLC</b>   |             |                   | Date of Disbursement<br>MM / DD / YYYY<br>08 / 08 / 2011                              |
| Mailing Address 5304 McKinley Street   |             |                   | Amount of Each Disbursement this Period<br>1342.89<br><b>Transaction ID : D479848</b> |
| City<br>Bethesda   | State<br>MD | Zip Code<br>20814 |   |
| Purpose of Disbursement<br>Accounting Services   |             | Candidate Name    | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |   |

|  |             |                   |   |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PCMS, LLC</b>   |             |                   | Date of Disbursement<br>MM / DD / YYYY<br>09 / 09 / 2011                              |
| Mailing Address 5304 McKinley Street   |             |                   | Amount of Each Disbursement this Period<br>1721.25<br><b>Transaction ID : D479878</b> |
| City<br>Bethesda   | State<br>MD | Zip Code<br>20814 |   |
| Purpose of Disbursement<br>Accounting Services   |             | Candidate Name    | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |             |                   |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4544.14 |
| <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:<br>(check only one)          | PAGE 75 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Shoreline Publishing, Inc.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 23 / 2011                        |
| Mailing Address 629 Fifth Avenue   |   | Amount of Each Disbursement this Period<br>243.00<br><b>Transaction ID : D479863</b> |
| City<br>Pelham   | State<br>NY   |  |
| Zip Code<br>10803  | Purpose of Disbursement<br>Journal Advertisement  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SunTrust Merchant Services</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 13 / 2011                       |
| Mailing Address PO Box 6600  |   | Amount of Each Disbursement this Period<br>56.34<br><b>Transaction ID : D479856</b> |
| City<br>Hagerstown   | State<br>MD   |   |
| Zip Code<br>21741  | Purpose of Disbursement<br>Merchant Fees  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SunTrust Merchant Services</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 11 / 2011                        |
| Mailing Address PO Box 6600  |   | Amount of Each Disbursement this Period<br>353.24<br><b>Transaction ID : D479810</b> |
| City<br>Hagerstown   | State<br>MD   |  |
| Zip Code<br>21741  | Purpose of Disbursement<br>Merchant Fees  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 652.58 |
| <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:<br>(check only one)          | PAGE 76 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SunTrust Merchant Services</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 12 / 2011                        |
| Mailing Address PO Box 6600  |   | Amount of Each Disbursement this Period<br>137.01<br><b>Transaction ID : D479774</b> |
| City<br>Hagerstown   | State<br>MD   |  |
| Zip Code<br>21741  | Purpose of Disbursement<br>Merchant Fees  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. The Frost Group</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2011                         |
| Mailing Address 2737 Devonshire Place, NW #325   |   | Amount of Each Disbursement this Period<br>7000.00<br><b>Transaction ID : D479765</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20008  | Purpose of Disbursement<br>Fundraising Consulting Services  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. The Frost Group</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 01 / 2011                         |
| Mailing Address 2737 Devonshire Place, NW #325   |   | Amount of Each Disbursement this Period<br>7000.00<br><b>Transaction ID : D479800</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20008  | Purpose of Disbursement<br>Fundraising Consulting Services  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 14137.01 |
| <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:<br>(check only one)          | PAGE 77 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Frost Group</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 01 / 2011                         |
| Mailing Address 2737 Devonshire Place, NW #325   |  | Amount of Each Disbursement this Period<br>7000.00<br><b>Transaction ID : D479849</b> |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Fundraising Consulting Services  |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>B. The Frost Group</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 08 / 2011                        |
| Mailing Address 2737 Devonshire Place, NW #325   |  | Amount of Each Disbursement this Period<br>220.00<br><b>Transaction ID : D479847</b> |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Postage Reimbursement  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>c. Twenty First Century Group, Inc.</b>                            |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 30 / 2011                         |
| Mailing Address 434 New Jersey Ave, SE   |  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D479835</b> |
| City Washington, State DC Zip Code 20003   | Purpose of Disbursement Site Rental/Catering   |   |
| Candidate Name   | Category/Type  |   |
| 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).....      | 8220.00 |
| <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:<br>(check only one)          | PAGE 78 OF 86                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>08 / 30 / 2011</b> |
| Mailing Address <b>PO BOX 489</b>   |  | Amount of Each Disbursement this Period<br><b>253.08</b>             |
| City<br><b>Newark</b>   | State<br><b>NJ</b>   |  |
| Zip Code<br><b>07101</b>  | Purpose of Disbursement<br><b>Cell Phone Service</b>   | <b>Transaction ID : D479837</b>                                      |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>07 / 27 / 2011</b> |
| Mailing Address <b>PO BOX 489</b>   |  | Amount of Each Disbursement this Period<br><b>308.00</b>             |
| City<br><b>Newark</b>   | State<br><b>NJ</b>   |  |
| Zip Code<br><b>07101</b>  | Purpose of Disbursement<br><b>Cell Phone Service</b>   | <b>Transaction ID : D479798</b>                                      |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 28 / 2011</b> |
| Mailing Address <b>PO BOX 489</b>   |  | Amount of Each Disbursement this Period<br><b>273.34</b>             |
| City<br><b>Newark</b>   | State<br><b>NJ</b>   |  |
| Zip Code<br><b>07101</b>  | Purpose of Disbursement<br><b>Cell Phone Service</b>   | <b>Transaction ID : D479874</b>                                      |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>834.42</b> |
| <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:<br>(check only one)  | PAGE 79 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 27 / 2011 |
| Mailing Address 350 Granite Street   |                         | Amount of Each Disbursement this Period<br>598.77             |
| City Braintree   | State MA Zip Code 02184 |   |
| Purpose of Disbursement<br>Office Phone Expense  | Candidate Name          | <b>Transaction ID : D479873</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 27 / 2011 |
| Mailing Address 350 Granite Street   |                         | Amount of Each Disbursement this Period<br>560.68             |
| City Braintree   | State MA Zip Code 02184 |   |
| Purpose of Disbursement<br>Office Phone Expense  | Candidate Name          | <b>Transaction ID : D479797</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 29 / 2011 |
| Mailing Address 350 Granite Street   |                         | Amount of Each Disbursement this Period<br>570.76             |
| City Braintree   | State MA Zip Code 02184 |   |
| Purpose of Disbursement<br>Office Phone Expense  | Candidate Name          | <b>Transaction ID : D479826</b>                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1730.21 |
| <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:<br>(check only one)          |                                    | PAGE 80 OF 86                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Westchester Community Opportunity Program</b>                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 08 / 2011                        |
| Mailing Address 2269 Saw Mill River Road   |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D479846</b> |
| City Elmsford State NY Zip Code 10523  | Purpose of Disbursement Journal Advertisement  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. Westchester-Putnam Counties AFL-CIO Centr</b>                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011                        |
| Mailing Address Central Labor Body 33 Oakland Ave  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D479824</b> |
| City Harrison State NY Zip Code 10528  | Purpose of Disbursement Journal Advertisement  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>C. White Plains Police Benevolent Associatio</b>                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 08 / 2011                        |
| Mailing Address PO Box 327   |  | Amount of Each Disbursement this Period<br>365.00<br><b>Transaction ID : D479843</b> |
| City White Plains State NY Zip Code 10605  | Purpose of Disbursement Journal Advertisement  |  |
| Candidate Name   | Category/Type  |  |
| 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).....      | 865.00 |
| <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:<br>(check only one)  | PAGE 81 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2011 |
| Mailing Address PO BOX 1270   |  | Amount of Each Disbursement this Period<br>5607.47            |
| City Newark   | State NJ   | Zip Code 07101  |
| Purpose of Disbursement<br>Credit Card Payment  | Category/Type  |   |
| Candidate Name  | Transaction ID : D479777   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Caliper Corporation</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2011 |
| Mailing Address 1172 Beacon St  |  | Amount of Each Disbursement this Period<br>5435.01            |
| City Newton   | State MA   | Zip Code 02461  |
| Purpose of Disbursement<br>Software   | Category/Type  |   |
| Candidate Name  | Transaction ID : D479781   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. U.S. Postmaster</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2011 |
| Mailing Address 620 Mamaroneck Ave  |  | Amount of Each Disbursement this Period<br>88.00              |
| City White Plains   | State NY   | Zip Code 10605  |
| Purpose of Disbursement<br>Postage  | Category/Type  |   |
| Candidate Name  | Transaction ID : D479782   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5607.47 |
| <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:<br>(check only one)  | PAGE 82 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2011 |
| Mailing Address PO BOX 489  |  | Amount of Each Disbursement this Period<br>47.69              |
| City Newark   | State NJ Zip Code 07101  |   |
| Purpose of Disbursement<br>Cell Phone Service   | Category/Type  | <b>Transaction ID : D479780</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ford Credit</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2011 |
| Mailing Address PO Box 220564   |  | Amount of Each Disbursement this Period<br>326.52             |
| City Pittsburgh   | State PA Zip Code 15257-2564   |   |
| Purpose of Disbursement<br>Monthly Car Lease  | Category/Type  | <b>Transaction ID : D479783</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011 |
| Mailing Address PO BOX 1270   |  | Amount of Each Disbursement this Period<br>2556.62            |
| City Newark   | State NJ Zip Code 07101  |   |
| Purpose of Disbursement<br>Credit Card Payment  | Category/Type  | <b>Transaction ID : D479813</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2883.14 |
| <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:<br>(check only one)  | PAGE 83 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011 |
| Mailing Address PO BOX 1270   |  | Amount of Each Disbursement this Period<br>35.00              |
| City Newark   | State NJ Zip Code 07101  |   |
| Purpose of Disbursement<br>Membership Fee   | Category/Type  | Transaction ID : D479821<br><b>[MEMO ITEM]</b>                |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011 |
| Mailing Address 200 La Guardia Airport  |  | Amount of Each Disbursement this Period<br>383.00             |
| City Jamaica  | State NY Zip Code 11431  |   |
| Purpose of Disbursement<br>Travel   | Category/Type  | Transaction ID : D479819<br><b>[MEMO ITEM]</b>                |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Rye Ford, Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 19 / 2011 |
| Mailing Address 1151 Boston Post Rd   |  | Amount of Each Disbursement this Period<br>1953.80            |
| City Rye  | State NY Zip Code 10580  |   |
| Purpose of Disbursement<br>Campaign Car Lease Expense   | Category/Type  | Transaction ID : D479816<br><b>[MEMO ITEM]</b>                |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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:<br>(check only one)  | PAGE 84 OF 86 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 19 / 2011 |
| Mailing Address 620 Mamaroneck Ave  |  | Amount of Each Disbursement this Period<br>98.35         |
| City<br>White Plains  | State<br>NY  |  |
| Zip Code<br>10605   | Purpose of Disbursement<br>Postage   | Transaction ID : D479814                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 23 / 2011 |
| Mailing Address PO BOX 1270   |  | Amount of Each Disbursement this Period<br>70.62         |
| City<br>Newark  | State<br>NJ  |  |
| Zip Code<br>07101   | Purpose of Disbursement<br>Credit Card Payment   | Transaction ID : D479870                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 23 / 2011 |
| Mailing Address 620 Mamaroneck Ave  |  | Amount of Each Disbursement this Period<br>45.62         |
| City<br>White Plains  | State<br>NY  |  |
| Zip Code<br>10605   | Purpose of Disbursement<br>Postage   | Transaction ID : D479871                                 |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]  |
| State: District:  |  |  |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 70.62     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 101617.55 |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 85 OF 86 |  |  |  |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID WEPRIN FOR CONGRESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 07 / 2011                         |
| Mailing Address 72-50 AUSTIN STREET<br>SECOND FLOOR   |  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D479876</b> |
| City FOREST HILLS State NY Zip Code 11375   | Purpose of Disbursement Contribution   |   |
| Candidate Name<br><b>DAVID I WEPRIN</b>   | Category/Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2011<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Special General |   |
| State: NY District: 09  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID WEPRIN FOR CONGRESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 26 / 2011                         |
| Mailing Address 72-50 AUSTIN STREET<br>SECOND FLOOR   |  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D479796</b> |
| City FOREST HILLS State NY Zip Code 11375   | Purpose of Disbursement Contribution   |   |
| Candidate Name<br><b>DAVID I WEPRIN</b>   | Category/Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2011<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Special General |   |
| State: NY District: 09  |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Democratic Congressional Campaign Committee</b>                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 12 / 2011                          |
| Mailing Address 430 South Capitol Street   |  | Amount of Each Disbursement this Period<br>10526.00<br><b>Transaction ID : D479773</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Unlimited Transfer to a Party Commi  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 12526.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 86 OF 86 |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 16 / 2011                          |
| Mailing Address 430 South Capitol Street   |  | Amount of Each Disbursement this Period<br>10526.00<br><b>Transaction ID : D479812</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Unlimited Transfer to a Party Commi   |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. Democratic Congressional Campaign Committee</b>                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 14 / 2011                          |
| Mailing Address 430 South Capitol Street   |  | Amount of Each Disbursement this Period<br>10526.00<br><b>Transaction ID : D479857</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement<br>Unlimited Transfer to a Party Commi   |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>c. Pro Choice Voter</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 03 / 2011                        |
| Mailing Address 47 Mamaroneck Avenue   |  | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : D479834</b> |
| City White Plains State NY Zip Code 10601  | Purpose of Disbursement<br>Contribution  |  |
| Candidate Name   | Category/Type  |  |
| 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).....      | 21552.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 34078.00 |