

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period: From: To:

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|--------------------------------|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 136431.15 | 762023.33 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 1150.00 | 5200.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 135281.15 | 756823.33 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 96449.46 | 716831.26 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 150.00 | 150.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 96299.46 | 716681.26 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 916402.41 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Nita Lowey for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

85250.00

548680.00

(ii) Unitemized.....

14161.53

60713.53

(iii) TOTAL of contributions

99411.53

609298.53

from individuals..... ▶

19.62

224.80

(b) Political Party Committees.....

37000.00

152500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

136431.15

762023.33

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

150.00

150.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

3518.12

18112.38

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

140099.27

780285.71

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 96449.46 | 716831.26 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 1000.00 | 5050.00 |
| (b) Political Party Committees..... | 150.00 | 150.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 1150.00 | 5200.00 |
| 21. OTHER DISBURSEMENTS..... | 3950.00 | 328599.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 101549.46 | 1050630.26 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 877852.60 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 140099.27 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1017951.87 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 101549.46 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 916402.41 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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 N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636349

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 58 Westerleigh Road

City State Zip Code
Purchase NY 10577

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

Name of Employer Skirball Investments Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6638532

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James A. Block

Mailing Address 575 Lexington Avenue, Ste. 400

City State Zip Code
New York NY 10022-6102

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: C6632586

Amount of Each Receipt this Period
1000.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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 Brentlinger

Mailing Address 2755 Eaton Rd

City State Zip Code
Shaker Heights OH 44122-1800

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

Name of Employer Occupation
HYPRES, Inc Board Member

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: C6632590

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 5 Country Club Drive

City State Zip Code
Larchmont NY 10538

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

Name of Employer Occupation
Long Island University Teacher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633348

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Carole Burack

Mailing Address 37 Osborn Road

City State Zip Code
Harrison NY 10528

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635385

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Marshall Butler | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 969 Fifth Avenue | | Transaction ID: C6633376 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Infinity Venture Capital | Occupation Partner | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Sharlyn Carter | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 20 Ridge Road | | Transaction ID: C6633345 |
| City State Zip Code Bronxville NY 10708 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Irving Claremon | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 82 Rye Ridge Road | | Transaction ID: C6638533 |
| City State Zip Code Harrison NY 10528 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed | Occupation Realtor | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Beverly Coleman | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 | |
| Mailing Address 1030 Greacen Point Road | | Transaction ID: C6634295 | |
| City State Zip Code Mamaroneck NY 10543 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self-Employed Occupation Physician | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 300.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dana Comfort | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 | |
| Mailing Address 37 Heatherbloom Road | | Transaction ID: C6634270 | |
| City State Zip Code White Plains NY 10605 | | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer George Comfort & Sons, Inc. Occupation Real Estate Management | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2700.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jill Conway | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 65 Commonwealth Avenue #8B | | Transaction ID: C6633310 | |
| City State Zip Code Boston MA 02116-2304 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested Occupation Information Requested | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Betty Cotton | | Date of Receipt MM / DD / YYYY 02 / 17 / 2006 |
| Mailing Address 86 Sheldrake Road | | Transaction ID: C3062674 |
| City Scarsdale | State NY | Zip Code 10583 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-Employed | Occupation NFP Management Consultant | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Toby Crystal | | Date of Receipt MM / DD / YYYY 03 / 31 / 2006 |
| Mailing Address 11 Chedworth Road | | Transaction ID: C6636528 |
| City Scarsdale | State NY | Zip Code 10583 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer N/A | Occupation Homemaker | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John Dean | | Date of Receipt MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address 207 Boulevard | | Transaction ID: C6634240 |
| City Pelham | State NY | Zip Code 10803 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Beatrice Doniger | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 851 Forest Avenue | | Transaction ID: C6636623 |
| City State Zip Code Rye NY 10580 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ellen Dunkin | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 2 Winged Foot Drive | | Transaction ID: C6633388 |
| City State Zip Code Larchmont NY 10538 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self Employed Occupation Attorney | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Janet Edelman | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 18 Legendary Circle | | Transaction ID: C6633385 |
| City State Zip Code Rye Brook NY 10573 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Customer Perspective Inc. Occupation Independent Contractor | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2100.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Linda A. Ellis | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 36 Butler Road | | Transaction ID: C6636458 | |
| City State Zip Code Scarsdale NY 10583 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date 1500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Alfred Engelberg | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 1050 North Lake Way | | Transaction ID: C6633325 | |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Self Employed Occupation Attorney | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Bobbie Falk | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 3 Willow Lane | | Transaction ID: C6638553 | |
| City State Zip Code Scarsdale NY 10583 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer N/A Occupation Homemaker | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 101 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Alfred Feinman | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6 |
| Mailing Address 134 Lincoln Avenue | | Transaction ID: C3062896 |
| City State Zip Code Purchase NY 10577 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Glickenhau & Company | Occupation Investment Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Alfred Feinman | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6 |
| Mailing Address 134 Lincoln Avenue | | Transaction ID: C3062895 |
| City State Zip Code Purchase NY 10577 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1900.00 |
| Name of Employer Glickenhau & Company | Occupation Investment Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Alfred Feinman | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 134 Lincoln Avenue | | Transaction ID: C6632561 |
| City State Zip Code Purchase NY 10577 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 200.00 |
| Name of Employer Glickenhau & Company | Occupation Investment Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | |

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

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

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

FOR LINE NUMBER: PAGE 13 / 101
(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)
Scott J Fleming

Mailing Address 3467 Mildred Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer Georgetown University Occupation Assistant to the President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2006

Transaction ID: C6634214

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 185 Fenimore Road

City New Rochelle State NY Zip Code 10804

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

Name of Employer Jennifer W Fowler PC Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: C6636296

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Sheila 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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006

Transaction ID: C6633308

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Anthony Fromer

Mailing Address 5 Pond Road

City Kings Point State NY Zip Code 11024

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

Name of Employer We're Associates Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633304

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Werner Gamby

Mailing Address 840 Pirates Cove

City Mamaroneck State NY Zip Code 10543

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

Name of Employer W. Gamby & Co., Inc. Occupation Importer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635378

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Edythe Gladstein

Mailing Address 85 Morris Lane

City Scarsdale State NY Zip Code 10583

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

Name of Employer N/A Occupation Volunteer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633340

Amount of Each Receipt this Period
2000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Allan Glick | | Date of Receipt MM / DD / YYYY 03 / 31 / 2006 |
| Mailing Address 10 Old Jackson Avenue #24 | | Transaction ID: C6638531 |
| City State Zip Code Hastings-on-Hudson NY 10706-3201 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2000.00 |
| Name of Employer First Manhattan Company | Occupation Investment Advisor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ellen Goldin | | Date of Receipt MM / DD / YYYY 03 / 28 / 2006 |
| Mailing Address 3 High Point Terrace | | Transaction ID: C6633319 |
| City State Zip Code Scarsdale NY 10583 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Bennett W. Golub | | Date of Receipt MM / DD / YYYY 03 / 31 / 2006 |
| Mailing Address 710 Taylor Lane | | Transaction ID: C6636629 |
| City State Zip Code Mamaroneck NY 10543 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2100.00 |
| Name of Employer Blackrock Financial Management | Occupation Economist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 4350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Cynthia Golub

Mailing Address 710 Taylors Lane

City Mamaroneck State NY Zip Code 10543

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

Name of Employer N/A Occupation Homemaker/Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636630

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Eugene M. Grant

Mailing Address 277 Park Ave.

City New York State NY Zip Code 10172

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635381

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Tamara Greeman

Mailing Address 11 Birchfield Road

City Larchmont State NY Zip Code 10538

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: C6634264

Amount of Each Receipt this Period
100.00

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

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|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Irene Groban

Mailing Address 220 Dogwood Lane

City State Zip Code
Hartsdale NY 10530

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633311

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard E Halperin

Mailing Address 667 Madison Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Quellos Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 16 / 2006

Transaction ID: C3047524

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Lois Harrison

Mailing Address 2311 Nevada Road

City State Zip Code
Lakeland FL 33803

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633306

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Norma Hess | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 625 Park Avenue #9A | | Transaction ID: C6633384 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Homemaker | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Martha Holden | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 1 Kendal Way #4119 | | Transaction ID: C6633301 |
| City State Zip Code Sleepy Hollow NY 10591 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Alexander B Hood | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 |
| Mailing Address 440 Fowler Avenue | | Transaction ID: C6634356 |
| City State Zip Code Pelham Manor NY 10803 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Vitold Jankowski | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 146-51 25th Drive | | Transaction ID: C6635358 |
| City Flushing | State NY | Zip Code 11354 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Marcella S Kahn | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 11 Meadow Lane | | Transaction ID: C6633316 |
| City Purchase | State NY | Zip Code 10577 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1100.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Marcella S Kahn | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 11 Meadow Lane | | Transaction ID: C6633317 |
| City Purchase | State NY | Zip Code 10577 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2100.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | |

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|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Morton A. Kornreich | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 39 Club Pointe Drive | | Transaction ID: C6633335 |
| City State Zip Code White Plains NY 10605 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Kornreich & Sons Inc. | Occupation Chairman | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Philip J Landrigan | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address 915 Stuart Avenue | | Transaction ID: C6634272 |
| City State Zip Code Mamaroneck NY 10543 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Mt. Sinai School of Medicine | Occupation Physician | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Edward Lashins | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 3 Stone Hollow Way | | Transaction ID: C6633381 |
| City State Zip Code Armonk NY 10504 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Lashins Realty Services | Occupation Real Estate Developer | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Richard Laster | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 23 Round Hill Road | | Transaction ID: C6633346 | |
| City State Zip Code Chappaqua NY 10514 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Richard Laster Assoc. Occupation Consultant | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cheryl Lewy | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 1057 Constable Drive South | | Transaction ID: C6636447 | |
| City State Zip Code Mamaroneck NY 10543 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Village of Larchmont Occupation Former Mayor | Election Cycle-to-Date 4100.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Glen S Lewy | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 1057 Constable Drive South | | Transaction ID: C6636450 | |
| City State Zip Code Mamaroneck NY 10543 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Hudson Ventures Occupation Venture Capital | Election Cycle-to-Date 4100.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Peter L Malkin

Mailing Address 60 E 42nd Street

City State Zip Code
New York NY 10165

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

Name of Employer Occupation
Wein & Malkin LLP Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635384

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joanne Matthews

Mailing Address 11 Lincoln Lane

City State Zip Code
Purchase NY 10577

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6638554

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Norman Matthews

Mailing Address 11 Lincoln Lane

City State Zip Code
Purchase NY 10577

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6638555

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **5200.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Bernard Maysrohn

Mailing Address 4000 Towerside Ter. TS08

City Miami State FL Zip Code 33138

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: C6634158

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
John McGillicuddy

Mailing Address 23 Hilltop Place

City Rye State NY Zip Code 10580

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636536

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Edwin Mehlman

Mailing Address 3 Hanley Farm Road

City Warren State RI Zip Code 02885

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

Name of Employer Self Employed Occupation Endodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633338

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Eugene Mercy, Jr. | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 1111 Park Avenue | | Transaction ID: C6633380 |
| City State Zip Code New York NY 10028 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investor Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Eugene Mercy, Jr. | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 |
| Mailing Address 1111 Park Avenue | | Transaction ID: C6633377 |
| City State Zip Code New York NY 10028 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investor Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Milton Meshirer | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 |
| Mailing Address 22 Law Road | | Transaction ID: C6631555 |
| City State Zip Code Briarcliff Manor NY 10510 | | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Beacon Chemical Company Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation President Election Cycle-to-Date ▼ 400.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Gertrude Michelson | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address 70 East 10th Street #6U | | Transaction ID: C6634302 |
| City State Zip Code New York NY 10003 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Homemaker | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Marjorie Miller | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 11 Normandy Lane | | Transaction ID: C6636625 |
| City State Zip Code Scarsdale NY 10538 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Social Worker & Community Volunteer | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Morgan Miller | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 11 Normandy Lane | | Transaction ID: C6636626 |
| City State Zip Code Scarsdale NY 10538 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer National Spinning Co | Occupation Textile Executive | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Linda Mirels | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 19 Orchard Drive | | Transaction ID: C6636520 | |
| City State Zip Code Purchase NY 10577 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Homemaker | Election Cycle-to-Date ▼ 3000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Linda Mirels | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 19 Orchard Drive | | Transaction ID: C6636522 | |
| City State Zip Code Purchase NY 10577 | Amount of Each Receipt this Period 900.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Homemaker | Election Cycle-to-Date ▼ 3000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. David Moore | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 8 Bird Lane | | Transaction ID: C6636627 | |
| City State Zip Code Rye NY 10580 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | Election Cycle-to-Date ▼ 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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 8 Bird Lane

City Rye State NY Zip Code 10580

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636628

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Louise Muller

Mailing Address 23 Priory Lane

City Pelham State NY Zip Code 10803-3603

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

Name of Employer N/A Occupation Volunteer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635382

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
John Nolon

Mailing Address 108 Cobb Lane

City Tarrytown State NY Zip Code 10591-3006

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

Name of Employer Pace University School of Law Occupation Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636310

Amount of Each Receipt this Period
100.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2600.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Herbert Oestreich | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 1 Well House Lane | | Transaction ID: C6633375 | |
| City State Zip Code Mamaroneck NY 10543 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Neurosurgical Group of Westchester Neurosurgeon | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Colin Offenhardt | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 87 Valley Lane | | Transaction ID: C6633389 | |
| City State Zip Code Chappaqua NY 10514 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Retired | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jacob Orans | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 1035 Seahaven Drive | | Transaction ID: C6633324 | |
| City State Zip Code Mamaroneck NY 10543 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Orans Contracting Corporation Builder | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Terry Peel | | Date of Receipt MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address 6109 Wynnwood Road | | Transaction ID: C6633996 |
| City Bethesda | State MD | Zip Code 20816 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Edinston, Peel & Associates | Occupation Consultant | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Terry Peel | | Date of Receipt MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address 6109 Wynnwood Road | | Transaction ID: C6633997 |
| City Bethesda | State MD | Zip Code 20816 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Edinston, Peel & Associates | Occupation Consultant | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Isobel Perry | | Date of Receipt MM / DD / YYYY 03 / 30 / 2006 |
| Mailing Address 7 Kirby Lane North | | Transaction ID: C6634346 |
| City Rye | State NY | Zip Code 10580 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer N/A | Occupation Homemaker | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Daphne Philipson

Mailing Address PO BOX 242
Hudson House

City Ardsley-on-Hudson State NY Zip Code 10503

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633349

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mary Raiser

Mailing Address 3318 0 Street NW

City Washington State DC Zip Code 20007

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: C6632581

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 20 Bardion Lane

City Harrison State NY Zip Code 10528

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636351

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► 2150.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mauro Romita | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 25 Beech Tree Lane | | Transaction ID: C6635388 | |
| City State Zip Code Pelham NY 10803 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Castle Oil Inc. CEO | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 3000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Shirley G. Romney | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 21 Glenbrooke Drive | | Transaction ID: C6636393 | |
| City State Zip Code White Plains NY 10604 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Homemaker | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Diana Rose | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address Baxter Road | | Transaction ID: C6636445 | |
| City State Zip Code North Salem NY 10560 | | Amount of Each Receipt this Period 2100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Homemaker | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 4200.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4150.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Jonathan Rose | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address Baxter Road | | Transaction ID: C6636442 | |
| City State Zip Code North Salem NY 10560 | | Amount of Each Receipt this Period 2100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Jonathan Rose & Companies LLC | Occupation Real Estate Developer | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Alexandra E. Rosen | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 50 Taylor Road | | Transaction ID: C6635386 | |
| City State Zip Code Mount Kisco NY 10549 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A | Occupation Retired | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Philip Rosen | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 550 Mamroneck Ave | | Transaction ID: C6635389 | |
| City State Zip Code Harrison NY 10528 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Robert Rosenthal

Mailing Address 49 Bates Road

City Harrison State NY Zip Code 10528

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636303

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Warren Ross

Mailing Address 97 Oakland Beach Avenue

City Rye State NY Zip Code 10580

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

Name of Employer Self Employed Occupation Editor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635387

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Catherine Samuels

Mailing Address 11 Althea Lane

City Larchmont State NY Zip Code 10538

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6638530

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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 Savage

Mailing Address 221 Corona Avenue

City Pelham State NY Zip Code 10803

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636624

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Susan Savitt

Mailing Address 16 Buena Vista Drive

City Hastings-on-Hudson State NY Zip Code 10706

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: C6634350

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Armin N Schaper

Mailing Address 8 Clinton Lane

City Harrison State NY Zip Code 10528

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633291

Amount of Each Receipt this Period
250.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Ethel Schaper

Mailing Address 8 Clinton Lane

City Harrison State NY Zip Code 10528

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633296

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Janice Scheetz

Mailing Address 1 Washington Square Village

City New York State NY Zip Code 10012

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: C6634178

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 18 Pony Circle

City Roslyn Heights State NY Zip Code 11577

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: C6636359

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 550.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Ellen Scholle

Mailing Address 15 Easthaven Lane

City State Zip Code
White Plains NY 10605

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

Name of Employer Self Employed Occupation Designer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633302

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Alfred Shasha

Mailing Address 15 Cotswold Way

City State Zip Code
Scarsdale NY 10583

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

Name of Employer N/A Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: C6635383

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Anna L Shereff

Mailing Address 1200 Midland Avenue, Apt. 9A

City State Zip Code
Bronxville NY 10708

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633313

Amount of Each Receipt this Period
250.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Margaret T Shultz | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 25 Alden Road | | Transaction ID: C6636307 |
| City State Zip Code Larchmont NY 10538 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Allen Siegel | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006 |
| Mailing Address 1 Broadview Road | | Transaction ID: C6632577 |
| City State Zip Code Westport CT 06880 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Kenneth Simon | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2006 |
| Mailing Address 455 North End Avenue | | Transaction ID: C6634285 |
| City State Zip Code New York NY 10282 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Retired | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2400.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Evelyn M. Stock | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 87 Catherine Road | | Transaction ID: C6635369 | |
| City State Zip Code Scarsdale NY 10583-6918 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self-Employed Occupation Doctor | Election Cycle-to-Date ▼ 250.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. David Swope | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 132 Hawkes Avenue | | Transaction ID: C6633327 | |
| City State Zip Code Ossining NY 10562 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Club Fit Occupation Real Estate Management | Election Cycle-to-Date ▼ 500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Judy Tenney | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 845 Forest Avenue | | Transaction ID: C6633386 | |
| City State Zip Code Rye NY 10580 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self-Employed Occupation Investor | Election Cycle-to-Date ▼ 3000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 101 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
John L Tishman

Mailing Address 147 Mianus River Road

City Bedford State NY Zip Code 10506

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

Name of Employer Tishman Realty & Construction Co Occupation Real Estate/Construction Exec.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: C6631552

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Arnold Turtz

Mailing Address 1241 Flagler Drive

City Mamaroneck State NY Zip Code 10543

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: C6634216

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Anita Volz-Wien

Mailing Address 555 Park Avenue #8E

City New York State NY Zip Code 10021

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

Name of Employer G-7 Group Inc Occupation Political Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: C6638536

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2450.00**

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 40 / 101 |
|--|---|---------------|

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Harriet Weissman

Mailing Address 2 Oxford Road

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
White Plains Library Director Museum Gallery

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: C6629095

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 2 Oxford Road

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
Bear Stearns & Co. Inc. Managing Director Emeritus

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: C6629096

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 3 Pryer Lane

City State Zip Code
Larchmont NY 10538

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: C6633322

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

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

| | | | | |
|--|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 41 / 101 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Bruce Yannett

Mailing Address 390 Forest Avenue

City Rye State NY Zip Code 10580

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

Name of Employer Debevoise Plimpton Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006

Transaction ID: C6633391

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 85250.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 42 / 101 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C60000072

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
224.80

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: C6639407

Amount of Each Receipt this Period
19.62

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

* In-Kind: Fundraising Services

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 19.62 |
| TOTAL This Period (last page this line number only) | ▶ | 19.62 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 101 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. AFL-CIO COPE Political Contributions Committee | | Date of Receipt MM / DD / YYYY 03 / 31 / 2006 |
| Mailing Address 815 16th Street NW | | Transaction ID: C663852 |
| City Washington | State DC | Zip Code 20006 |
| FEC ID number of contributing federal political committee. C C00003806 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. AFLAC Incorporated Political Action Committee | | Date of Receipt MM / DD / YYYY 03 / 29 / 2006 |
| Mailing Address 1932 Wynton Road | | Transaction ID: C6633989 |
| City Columbus | State GA | Zip Code 31999 |
| FEC ID number of contributing federal political committee. C C00034157 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. American Federation Of State County & Municipal Em | | Date of Receipt MM / DD / YYYY 02 / 21 / 2006 |
| Mailing Address 1625 L Street NW | | Transaction ID: C3062894 |
| City Washington | State DC | Zip Code 20036 |
| FEC ID number of contributing federal political committee. C C00011114 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Maritime Officers Voluntary Political Act | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 |
| Mailing Address 2 W Dixie Hwy | | Transaction ID: C6632572 |
| City State Zip Code Dania Beach FL 33004 | FEC ID number of contributing federal political committee. C C00027532 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITIC | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 |
| Mailing Address 1300 L Street NW | | Transaction ID: C6631556 |
| City State Zip Code Washington DC 20005 | FEC ID number of contributing federal political committee. C C00010322 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Association of Trial Lawyers of America | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address Political Action Committee 1050 31st Street NW | | Transaction ID: C6633984 |
| City State Zip Code Washington DC 20007 | FEC ID number of contributing federal political committee. C C00024521 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 7000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. BAE Systems North America Political Action Cmte. | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 1300 N. 17th Street | | Transaction ID: C6635395 |
| City State Zip Code Arlington VA 22209 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00281212 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Bricklayers & Allied Craftworkers PAC | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 1776 Eye Street, NW | | Transaction ID: C6635393 |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C C00003632 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Credit Union Legislative Action Council | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 601 Pennsylvania Ave, NW, Ste. 600 | | Transaction ID: C6638550 |
| City State Zip Code Washington DC 20004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00007880 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
DRIVE Political Fund - TEAMSTERS

Mailing Address 25 Louisiana Avenue NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00011957

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2006

Transaction ID: C6632567

Amount of Each Receipt this Period
 3000.00

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

B. Full Name (Last, First, Middle Initial)
International Longshoremen's Assoc Cmte on Pol. Ed

Mailing Address 17 Battery Place

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: C6638551

Amount of Each Receipt this Period
 5000.00

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

C. Full Name (Last, First, Middle Initial)
International Union Of Operating Engineers-local 1

Mailing Address 1360 Pleasantville Road

City Briarcliff Manor State NY Zip Code 10510

FEC ID number of contributing federal political committee. **C** C00114371

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: C6635397

Amount of Each Receipt this Period
 1500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 9500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 101
(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)
NARFE-PAC

Mailing Address Nat. Assoc. Retired Fed Employ
606 North Washington Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: C6635392

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NEA Fund for Children & Pubic Education

Mailing Address 1201 16th Street NW #421

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: C6633992

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION C

Mailing Address 51 Madison Ave.
Room 1900

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: C6635396

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. O'Melveny & Myers | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 1625 EYE STREET NW SUITE 500 WEST | | Transaction ID: C6629194 |
| City WASHINGTON State DC Zip Code 20006 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C00159954 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 2500.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. PMA Group PAC | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 1755 Jefferson Davis Hgwy #1107 | | Transaction ID: C6635394 |
| City Arlington State VA Zip Code 22202 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00280321 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1500.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL AC | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 1313 L Street N W | | Transaction ID: C6638539 |
| City Washington State DC Zip Code 20005 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C00004036 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 7500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Shannon G. Benton | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address TREA Senior Citizens League PAC 909 N. Washington Street #300 | | Transaction ID: C6633987 |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00327064 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Teaching Hospital Education Political Action Cmte | | Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006 |
| Mailing Address 805 15th Street, NW, Ste 500 | | Transaction ID: C6633991 |
| City State Zip Code Washington DC 20005-2207 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00360792 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Transport Workers Union Political Contributions Co | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 80 West End Avenue | | Transaction ID: C6629193 |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00008268 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. UAW V CAP | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | | |
| Mailing Address 8000 East Jefferson Avenue | | Transaction ID: C6635390 | | |
| City State Zip Code Detroit MI 48214-3963 | Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00002840 | | | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 4000.00 | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | | |
| Mailing Address 901 Massachusetts Avenue NW | | Transaction ID: C6638549 | | |
| City State Zip Code Washington DC 20001 | Amount of Each Receipt this Period 2500.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00012476 | | | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 5000.00 | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (F | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | | |
| Mailing Address 1717 ARCH STREET 47TH FL S | | Transaction ID: C6635391 | | |
| City State Zip Code PHILADELPHIA PA 19103 | Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00186288 | | | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 3000.00 | | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | 37000.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 101
(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)
Yonkers Democratic City Committee

Mailing Address 955 Yonkers Avenue

City State Zip Code
Yonkers NY 10704

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: C6629262

Amount of Each Receipt this Period
150.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 150.00 |
| TOTAL This Period (last page this line number only) | ▶ | 150.00 |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 101 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Chase Manhattan Bank | | Date of Receipt |
| Mailing Address 349 Fifth Avenue | | <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| New York | NY | 10016-0001 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: C6629926 |
| Name of Employer | | Amount of Each Receipt this Period |
| Occupation | | <input type="text" value="19.26"/> |
| Receipt For: | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="221.50"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Chase Manhattan Bank | | Date of Receipt |
| Mailing Address 349 Fifth Avenue | | <input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| New York | NY | 10016-0001 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: C6629927 |
| Name of Employer | | Amount of Each Receipt this Period |
| Occupation | | <input type="text" value="17.43"/> |
| Receipt For: | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="221.50"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Chase Manhattan Bank | | Date of Receipt |
| Mailing Address 349 Fifth Avenue | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/> |
| City | State | Zip Code |
| New York | NY | 10016-0001 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: C6639405 |
| Name of Employer | | Amount of Each Receipt this Period |
| Occupation | | <input type="text" value="19.28"/> |
| Receipt For: | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="221.50"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="55.97"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 101 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Citibank, N.A.

Mailing Address PO Box 5870

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17890.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: C6629924

Amount of Each Receipt this Period
1190.28

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

B. Full Name (Last, First, Middle Initial)
Citibank, N.A.

Mailing Address PO Box 5870

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17890.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: C6629925

Amount of Each Receipt this Period
1077.11

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

C. Full Name (Last, First, Middle Initial)
Citibank, N.A.

Mailing Address PO Box 5870

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17890.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: C6638548

Amount of Each Receipt this Period
1194.76

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3462.15 |
| TOTAL This Period (last page this line number only) | 3518.12 |

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Alison Mesrop | | Transaction ID: D102279 Date of Disbursement 02 / 08 / 2006 | |
| Mailing Address 347 East 65th Street | | Amount of Each Disbursement this Period 9958.00 | |
| City New York State NY Zip Code 10021 | Purpose of Disbursement Catering for Campaign Event | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. American Committee on Italian Migration | | Transaction ID: D102257 Date of Disbursement 02 / 08 / 2006 | |
| Mailing Address 164 Woodland Avenue | | Amount of Each Disbursement this Period 150.00 | |
| City Yonkers State NY Zip Code 10703 | Purpose of Disbursement Journal Advertisement | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. American Express Merchant Services | | Transaction ID: D102226 Date of Disbursement 01 / 03 / 2006 | |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 5.00 | |
| City Phoenix State AZ Zip Code 85072 | Purpose of Disbursement Merchant Fees | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10113.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express Merchant Services | | Transaction ID: D102227 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 17.50 |
| City Phoenix State AZ Zip Code 85072 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Express Merchant Services | | Transaction ID: D102228 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 5.00 |
| City Phoenix State AZ Zip Code 85072 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express Merchant Services | | Transaction ID: D102229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 5.00 |
| City Phoenix State AZ Zip Code 85072 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 27.50 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Beta Parking | | Transaction ID: D102242 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 545 5th Avenue | | Amount of Each Disbursement this Period 400.94 |
| City New York State NY Zip Code 10017 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Monthly Parking Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Beta Parking | | Transaction ID: D102243 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6 |
| Mailing Address 545 5th Avenue | | Amount of Each Disbursement this Period 199.06 |
| City New York State NY Zip Code 10017 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Monthly Parking Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Chase Merchant Services | | Transaction ID: D102791 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 45 Knollwood Road | | Amount of Each Disbursement this Period 73.37 |
| City Elmsford State NY Zip Code 10523 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 673.37 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chase Merchant Services | | Transaction ID: D102205 | |
| Mailing Address 45 Knollwood Road | | Date of Disbursement 01 / 03 / 2006 | |
| City Elmsford | State NY | Zip Code 10523 | Amount of Each Disbursement this Period 108.28 |
| Purpose of Disbursement Merchant Fees | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) B. Chase Merchant Services | | Transaction ID: D102206 | |
| Mailing Address 45 Knollwood Road | | Date of Disbursement 02 / 02 / 2006 | |
| City Elmsford | State NY | Zip Code 10523 | Amount of Each Disbursement this Period 75.81 |
| Purpose of Disbursement Merchant Fees | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) C. Citibank, N.A. | | Transaction ID: D102265 | |
| Mailing Address PO Box 5870 | | Date of Disbursement 03 / 09 / 2006 | |
| City New York | State NY | Zip Code 10163 | Amount of Each Disbursement this Period 1866.30 |
| Purpose of Disbursement Federal Income Tax | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2050.39 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CTS Holdings, LLC | | Transaction ID: D102280 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 2525 Horizon Lake Drive, Suite 120 | | Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Memphis State TN Zip Code 38133 | Purpose of Disbursement Merchant Fee Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CTS Holdings, LLC | | Transaction ID: D102281 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 2525 Horizon Lake Drive, Suite 120 | | Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Memphis State TN Zip Code 38133 | Purpose of Disbursement Merchant Fee Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CTS Holdings, LLC | | Transaction ID: D102282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 |
| Mailing Address 2525 Horizon Lake Drive, Suite 120 | | Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Memphis State TN Zip Code 38133 | Purpose of Disbursement Merchant Fee Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 145.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CTS Holdings, LLC | | Transaction ID: D102283 Date of Disbursement 03 / 07 / 2006 |
| Mailing Address 2525 Horizon Lake Drive, Suite 120 | | Amount of Each Disbursement this Period 35.00 |
| City Memphis State TN Zip Code 38133 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fee Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Deer Park Spring Water | | Transaction ID: D102230 Date of Disbursement 02 / 13 / 2006 |
| Mailing Address Processing Center PO Box 52271 | | Amount of Each Disbursement this Period 40.98 |
| City Phoenix State AZ Zip Code 85072-2271 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Supplies Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee | | Transaction ID: D102792 Date of Disbursement 03 / 31 / 2006 |
| Mailing Address 430 South Capitol Street | | Amount of Each Disbursement this Period 19.62 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising Services Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | * in-kind received |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 95.60 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Eastchester/Tuckahoe Chamber of Commerce | | Transaction ID: D102204 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6 |
| Mailing Address PO BOX 66 | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Eastchester State NY Zip Code 10709 | | |
| Purpose of Disbursement Journal Advertisement Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. El Clarin | | Transaction ID: D102259 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 40 Broadway | | Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Haverstraw State NY Zip Code 10927 | | |
| Purpose of Disbursement Journal Advertisement Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: D102183 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6 |
| Mailing Address PO BOX 1140 | | Amount of Each Disbursement this Period 16.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Memphis State TN Zip Code 38101 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 426.60 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| A. FEDEX Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102184 Date of Disbursement 03 / 12 / 2006 Amount of Each Disbursement this Period 42.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| B. FEDEX Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102185 Date of Disbursement 03 / 19 / 2006 Amount of Each Disbursement this Period 65.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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| C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102178 Date of Disbursement 02 / 13 / 2006 Amount of Each Disbursement this Period 11.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 118.88 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Transaction ID: D102179 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 | |
| Mailing Address PO BOX 1140 | | Amount of Each Disbursement this Period 34.86 | |
| City Memphis State TN Zip Code 38101 | Purpose of Disbursement Deliveries Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Transaction ID: D102180 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 | |
| Mailing Address PO BOX 1140 | | Amount of Each Disbursement this Period 16.76 | |
| City Memphis State TN Zip Code 38101 | Purpose of Disbursement Deliveries Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: D102181 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 | |
| Mailing Address PO BOX 1140 | | Amount of Each Disbursement this Period 25.09 | |
| City Memphis State TN Zip Code 38101 | Purpose of Disbursement Deliveries Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 76.71 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. FMBS Merchant Services | | Transaction ID: D102245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 2 Westbrook Drive Suite 200 | | Amount of Each Disbursement this Period 30.00 |
| City Westchester State IL Zip Code 60154 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. FMBS Merchant Services | | Transaction ID: D102246 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 2 Westbrook Drive Suite 200 | | Amount of Each Disbursement this Period 30.00 |
| City Westchester State IL Zip Code 60154 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. FMBS Merchant Services | | Transaction ID: D102247 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 2 Westbrook Drive Suite 200 | | Amount of Each Disbursement this Period 30.00 |
| City Westchester State IL Zip Code 60154 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Merchant Fees Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 90.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Ford Credit | | Transaction ID: D102253 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address PO Box 220564 | | Amount of Each Disbursement this Period 69.53 |
| City Pittsburgh State PA Zip Code 15257-2564 | Purpose of Disbursement Monthly Car Lease Closeout Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Ford Credit | | Transaction ID: D102254 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address PO Box 220564 | | Amount of Each Disbursement this Period 345.99 |
| City Pittsburgh State PA Zip Code 15257-2564 | Purpose of Disbursement Monthly Car Lease Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ford Credit | | Transaction ID: D102255 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 220564 | | Amount of Each Disbursement this Period 345.99 |
| City Pittsburgh State PA Zip Code 15257-2564 | Purpose of Disbursement Monthly Car Lease Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 761.51 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. G.E. Capital | | Transaction ID: D102209 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 | |
| Mailing Address PO BOX 642111 | | Amount of Each Disbursement this Period 202.21 | |
| City Pittsburgh State PA Zip Code 15264 | Purpose of Disbursement Equipment Rental | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Impressive Paper and Envelope Company | | Transaction ID: D102266 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 | |
| Mailing Address 139 East Prospect Avenue | | Amount of Each Disbursement this Period 13861.94 | |
| City Mamaroneck State NY Zip Code 10543 | Purpose of Disbursement Printing | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Impressive Paper and Envelope Company | | Transaction ID: D102267 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 | |
| Mailing Address 139 East Prospect Avenue | | Amount of Each Disbursement this Period 1833.88 | |
| City Mamaroneck State NY Zip Code 10543 | Purpose of Disbursement Printing | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 15898.03 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Impressive Paper and Envelope Company | | Transaction ID: D102268 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 139 East Prospect Avenue | | Amount of Each Disbursement this Period 206.04 |
| City Mamaroneck State NY Zip Code 10543 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Printing | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Impressive Paper and Envelope Company | | Transaction ID: D102269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address 139 East Prospect Avenue | | Amount of Each Disbursement this Period 2380.41 |
| City Mamaroneck State NY Zip Code 10543 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Printing | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Jewish War Veterans | | Transaction ID: D102220 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address Nat & Maxwell Dorr Post #793 150-29 77th Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Kew Gardens Hills State NY Zip Code 11367 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Journal Advertisement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2836.45 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. KeyCorp Corporate Real Estate | | Transaction ID: D102168 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address PO BOX 6367 | | Amount of Each Disbursement this Period 1466.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cleveland State OH Zip Code 44101 | | |
| Purpose of Disbursement Rent Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. KeyCorp Corporate Real Estate | | Transaction ID: D102169 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address PO BOX 6367 | | Amount of Each Disbursement this Period 1466.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cleveland State OH Zip Code 44101 | | |
| Purpose of Disbursement Rent Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. KeyCorp Corporate Real Estate | | Transaction ID: D102170 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6 |
| Mailing Address PO BOX 6367 | | Amount of Each Disbursement this Period 1466.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cleveland State OH Zip Code 44101 | | |
| Purpose of Disbursement Rent Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4399.98 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 69 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Janica L. Kyriacopoulos | | Transaction ID: D102223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 5304 McKinley Street | | Amount of Each Disbursement this Period 1551.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bethesda State MD Zip Code 20814-1414 | Purpose of Disbursement Accounting Services Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Janica L. Kyriacopoulos | | Transaction ID: D102224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 5304 McKinley Street | | Amount of Each Disbursement this Period 1530.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bethesda State MD Zip Code 20814-1414 | Purpose of Disbursement Accounting Services Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Le Amiche Lodge #2550 | | Transaction ID: D102202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 83 Lawrence Park Crescent | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Yonkers State NY Zip Code 10708 | Purpose of Disbursement Journal Advertisement Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3381.25 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Montebello Jewish Center | | Transaction ID: D102309 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 34 Montebello Road | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Montebello State NY Zip Code 10901 | Purpose of Disbursement Journal Advertisement Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. My Sister's Place | | Transaction ID: D102264 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 2 Lyon Place, Ste 300 | | Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City White Plains State NY Zip Code 10601 | Purpose of Disbursement Journal Advertisement Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NetCampaign, LLC | | Transaction ID: D102248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address 718 7th Street, NW Suite 300 | | Amount of Each Disbursement this Period 95.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Web Hosting Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 695.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NetCampaign, LLC | | Transaction ID: D102249 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 718 7th Street, NW Suite 300 | | Amount of Each Disbursement this Period 95.00 |
| City Washington State DC Zip Code 20001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Web Hosting Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NetCampaign, LLC | | Transaction ID: D102250 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 718 7th Street, NW Suite 300 | | Amount of Each Disbursement this Period 95.00 |
| City Washington State DC Zip Code 20001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Web Hosting Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. New Rochelle Democratic City Cmte | | Transaction ID: D102288 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 28 Trenor Drive | | Amount of Each Disbursement this Period 200.00 |
| City New Rochelle State NY Zip Code 10804 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Journal Advertisement Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 390.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. New Rochelle Guidance Center | | Transaction ID: D102310 Date of Disbursement 01 / 07 / 2006 |
| Mailing Address 70 Grand Street | | Amount of Each Disbursement this Period 250.00 |
| City New Rochelle State NY Zip Code 10801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Journal Advertisement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Noam Bramson | | Transaction ID: D102297 Date of Disbursement 01 / 07 / 2006 |
| Mailing Address 201 Pinebrook Boulevard | | Amount of Each Disbursement this Period 4583.33 |
| City New Rochelle State NY Zip Code 10804 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Consulting Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Noam Bramson | | Transaction ID: D102298 Date of Disbursement 02 / 13 / 2006 |
| Mailing Address 201 Pinebrook Boulevard | | Amount of Each Disbursement this Period 4583.33 |
| City New Rochelle State NY Zip Code 10804 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Consulting Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 9416.66 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Noam Bramson | | Transaction ID: D102299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 | |
| Mailing Address 201 Pinebrook Boulevard | | Amount of Each Disbursement this Period 4583.33 | |
| City New Rochelle State NY Zip Code 10804 | Purpose of Disbursement Political Consulting Services | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Partnership for the Huguenot Children's L | | Transaction ID: D102300 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address PO Box 0072 | | Amount of Each Disbursement this Period 300.00 | |
| City New Rochelle State NY Zip Code 10804-0072 | Purpose of Disbursement Journal Advertisement | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Paychex, Inc. | | Transaction ID: D102234 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 35.00 | |
| City Owings Mills State MD Zip Code 21117 | Purpose of Disbursement Payroll Service | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4918.33 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Paychex, Inc. | | Transaction ID: D102235 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 42.00 |
| City Owings Mills State MD Zip Code 21117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Paychex, Inc. | | Transaction ID: D102236 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 96.00 |
| City Owings Mills State MD Zip Code 21117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Service | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Paychex, Inc. | | Transaction ID: D102237 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 2526.15 |
| City Owings Mills State MD Zip Code 21117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2664.15 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex, Inc. | | Transaction ID: D102238 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Owings Mills State MD Zip Code 21117 | | |
| Purpose of Disbursement Payroll Service Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex, Inc. | | Transaction ID: D102239 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 431.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Owings Mills State MD Zip Code 21117 | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Paychex, Inc. | | Transaction ID: D102240 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 100 Painters Mill Road PO Box 388 | | Amount of Each Disbursement this Period 421.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Owings Mills State MD Zip Code 21117 | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 888.68 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| A. Postmaster White Plains Full Name (Last, First, Middle Initial) Mailing Address 170 Martine Avenue City White Plains State NY Zip Code 10601 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102218 Date of Disbursement 01 / 14 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|--|--|--|
| B. Postmaster White Plains Full Name (Last, First, Middle Initial) Mailing Address 170 Martine Avenue City White Plains State NY Zip Code 10601 Purpose of Disbursement PO Box Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102219 Date of Disbursement 02 / 08 / 2006 Amount of Each Disbursement this Period 106.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|---|--|---|
| C. Ryan Phillips Utrecht & MacKinnon Full Name (Last, First, Middle Initial) Mailing Address 1133 Connecticut Avenue NW City Washington State DC Zip Code 20036 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102211 Date of Disbursement 01 / 14 / 2006 Amount of Each Disbursement this Period 65.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1171.11 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ryan Phillips Utrecht & MacKinnon | | Transaction ID: D102212 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address 1133 Connecticut Avenue NW | | Amount of Each Disbursement this Period 821.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20036 | | |
| Purpose of Disbursement Legal Services Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Rye Ford, Inc. | | Transaction ID: D102301 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6 |
| Mailing Address 1151 Boston Post Rd | | Amount of Each Disbursement this Period 1286.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Rye State NY Zip Code 10580 | | |
| Purpose of Disbursement Lease Deposit Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sarah Eckstein | | Transaction ID: D102313 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 15 Carlin St | | Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Norwalk State CT Zip Code 06851 | | |
| Purpose of Disbursement Payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5107.99 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|---|---|--|
| A. Full Name (Last, First, Middle Initial) Sarah Eckstein | | Transaction ID: D102314 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 | |
| Mailing Address 15 Carlin St | | Amount of Each Disbursement this Period 515.68 | |
| City Norwalk State CT Zip Code 06851 | Purpose of Disbursement Payroll Expense Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|---|--|
| B. Full Name (Last, First, Middle Initial) Sarah Eckstein | | Transaction ID: D102315 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 | |
| Mailing Address 15 Carlin St | | Amount of Each Disbursement this Period 195.99 | |
| City Norwalk State CT Zip Code 06851 | Purpose of Disbursement Health Insurance Expense Reimburse Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|---|---|--|
| C. Full Name (Last, First, Middle Initial) Sarah Eckstein | | Transaction ID: D102316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6 | |
| Mailing Address 15 Carlin St | | Amount of Each Disbursement this Period 1077.64 | |
| City Norwalk State CT Zip Code 06851 | Purpose of Disbursement Payroll Expense Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1789.31 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sarah Eckstein | | Transaction ID: D102317 Date of Disbursement 03 / 30 / 2006 |
| Mailing Address 15 Carlin St | | Amount of Each Disbursement this Period 1077.64 |
| City Norwalk State CT Zip Code 06851 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Expense | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Sleepy Hollow Chamber of Commerce | | Transaction ID: D102291 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address 54 Main St | | Amount of Each Disbursement this Period 175.00 |
| City Tarrytown State NY Zip Code 10591 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Journal Advertisement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. State Insurance Fund | | Transaction ID: D102302 Date of Disbursement 01 / 14 / 2006 |
| Mailing Address Workers' Compensation PO Box 4788 | | Amount of Each Disbursement this Period 1054.05 |
| City Syracuse State NY Zip Code 13221-4788 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Insurance | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2306.69 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. TerraPath | | Transaction ID: D102207 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 350 Theodore Fremd Avenue Suite 300 | | Amount of Each Disbursement this Period 195.00 |
| City Rye State NY Zip Code 10580 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Computer Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Frost Group | | Transaction ID: D102319 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 2737 Devonshire Place, NW #325 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20008 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising Consulting Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. The Frost Group | | Transaction ID: D102320 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 2737 Devonshire Place, NW #325 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20008 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising Consulting Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10195.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. The National Herald Inc. | | Transaction ID: D102197 Date of Disbursement |
| Mailing Address Greek American Daily Newspaper 41-17 Crescent Street | | <input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Long Island City | State NY | Zip Code 11101 |
| Purpose of Disbursement Journal Advertisement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="145.00"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. The National Herald Inc. | | Transaction ID: D102198 Date of Disbursement |
| Mailing Address Greek American Daily Newspaper 41-17 Crescent Street | | <input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Long Island City | State NY | Zip Code 11101 |
| Purpose of Disbursement Journal Advertisement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="139.91"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Twenty First Century Group, Inc. | | Transaction ID: D102256 Date of Disbursement |
| Mailing Address 434 New Jersey Ave, SE | | <input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City Washington, | State DC | Zip Code 20003 |
| Purpose of Disbursement Fundraising Event Site Rental | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1284.91"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| A. USPS Full Name (Last, First, Middle Initial) Mailing Address 620 Mamaroneck Ave City White Plains State NY Zip Code 10605 Purpose of Disbursement PO Box Rental Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102275 Date of Disbursement 02 / 17 / 2006 Amount of Each Disbursement this Period 72.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|--|
| B. Valhalla Schools Foundation Full Name (Last, First, Middle Initial) Mailing Address PO Box City Valhalla State NY Zip Code 10595 Purpose of Disbursement Journal Advertisemtn Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102321 Date of Disbursement 02 / 08 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|--|
| C. Valhalla Schools Foundation Full Name (Last, First, Middle Initial) Mailing Address PO Box City Valhalla State NY Zip Code 10595 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102322 Date of Disbursement 02 / 20 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 572.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D102213 Date of Disbursement 01 / 14 / 2006 |
| Mailing Address PO BOX 489 | | Amount of Each Disbursement this Period 108.57 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Cell Phone Service | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: D102214 Date of Disbursement 02 / 13 / 2006 |
| Mailing Address PO BOX 489 | | Amount of Each Disbursement this Period 106.46 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Cell Phone Service | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: D102215 Date of Disbursement 03 / 12 / 2006 |
| Mailing Address PO BOX 489 | | Amount of Each Disbursement this Period 142.28 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Cell Phone Service | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 357.31 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D102216 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address PO BOX 489 | | Amount of Each Disbursement this Period 6.59 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Cell Phone Service Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: D102173 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address PO BOX 15124 | | Amount of Each Disbursement this Period 402.43 |
| City Albany State NY Zip Code 12212 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Phone Service Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: D102174 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address PO BOX 15124 | | Amount of Each Disbursement this Period 403.32 |
| City Albany State NY Zip Code 12212 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Phone Service Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 812.34 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. Verizon | | Transaction ID: D102175 Date of Disbursement 03 / 12 / 2006 | |
| Mailing Address PO BOX 15124 | | Amount of Each Disbursement this Period 418.28 | |
| City Albany State NY Zip Code 12212 | Purpose of Disbursement Office Phone Service Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: D102176 Date of Disbursement 03 / 19 / 2006 | |
| Mailing Address PO BOX 15124 | | Amount of Each Disbursement this Period 274.46 | |
| City Albany State NY Zip Code 12212 | Purpose of Disbursement Office Phone Service Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. WCLA | | Transaction ID: D102172 Date of Disbursement 03 / 03 / 2006 | |
| Mailing Address Westch Coalition Legal Abortion 237 Mamaroneck Avenue | | Amount of Each Disbursement this Period 1000.00 | |
| City White Plains State NY Zip Code 10605 | Purpose of Disbursement Donation Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1692.74 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Westchester Jewish Life | | Transaction ID: D102201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 629 Fifth Avenue | | Amount of Each Disbursement this Period 390.00 |
| City Pelham State NY Zip Code 10803 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Journal Advertisement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: D102190 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 757.80 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Credit Card Payment | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: D102191 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 75.00 |
| City Newark State NJ Zip Code 07101 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Membership Fee | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1147.80 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| A. Expertcity-GOTOMYPC Full Name (Last, First, Middle Initial) Mailing Address 5385 Hollister Avenue City Santa Barbara State CA Zip Code 93111 Purpose of Disbursement Computer Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102231 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 39.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|---|

| | | |
|--|--|---|
| B. ExxonMobil Full Name (Last, First, Middle Initial) Mailing Address 339 Pennsylvania Ave, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102260 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 38.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|---|

| | | |
|---|--|---|
| C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102177 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 27.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Golden Carriage Limousine | | Transaction ID: D102217 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address 347 Midland Avenue | | Amount of Each Disbursement this Period 378.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Rye State NY Zip Code 10580 | | |
| Purpose of Disbursement Travel Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Staples - Potomac Yard | | Transaction ID: D102271 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address 3301 Jeff Davis Hwy | | Amount of Each Disbursement this Period 124.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Alexandria State VA Zip Code 22305 | | |
| Purpose of Disbursement Supplies Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Transaction ID: D102274 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 |
| Mailing Address 620 Mamaroneck Ave | | Amount of Each Disbursement this Period 74.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City White Plains State NY Zip Code 10605 | | |
| Purpose of Disbursement Postage Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: D102192 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 136.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101 | Purpose of Disbursement Credit Card Payment Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Expertcity-GOTOMYPC | | Transaction ID: D102232 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 5385 Hollister Avenue | | Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Santa Barbara State CA Zip Code 93111 | Purpose of Disbursement Computer Software Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ExxonMobil | | Transaction ID: D102261 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 339 Pennsylvania Ave, SE | | Amount of Each Disbursement this Period 23.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Travel Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 136.58 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|--|
| A. FEDEX Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102182 Date of Disbursement 02 / 13 / 2006 Amount of Each Disbursement this Period 68.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|---|--|--|

| | | |
|---|--|--|
| B. Staples - Potomac Yard Full Name (Last, First, Middle Initial) Mailing Address 3301 Jeff Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102272 Date of Disbursement 02 / 13 / 2006 Amount of Each Disbursement this Period 25.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|---|--|--|

| | | |
|--|--|--|
| C. American Express Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102193 Date of Disbursement 03 / 12 / 2006 Amount of Each Disbursement this Period 1501.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1501.08 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: D102194 Date of Disbursement 03 / 12 / 2006 |
| Mailing Address PO BOX 1270 | | Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Newark | State NJ | |
| Zip Code 07101 | | |
| Purpose of Disbursement Membership Fee Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ExxonMobil | | Transaction ID: D102262 Date of Disbursement 03 / 12 / 2006 |
| Mailing Address 339 Pennsylvania Ave, SE | | Amount of Each Disbursement this Period 33.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Washington | State DC | |
| Zip Code 20003 | | |
| Purpose of Disbursement Travel Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Kingsmill Resort | | Transaction ID: D102295 Date of Disbursement 03 / 12 / 2006 |
| Mailing Address 1010 Kingsmill Road | | Amount of Each Disbursement this Period 1175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Williamsburg | State VA | |
| Zip Code 23185 | | |
| Purpose of Disbursement Travel Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. US Airways

Full Name (Last, First, Middle Initial)
Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D102286
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 620 Mamaroneck Ave

City White Plains State NY Zip Code 10605

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D102276
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C. American Express

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D102195
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Expertcity-GOTOMYPC | | Transaction ID: D102233 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address 5385 Hollister Avenue | | Amount of Each Disbursement this Period 39.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Santa Barbara State CA Zip Code 93111 | | |
| Purpose of Disbursement Computer Software Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ExxonMobil | | Transaction ID: D102263 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address 339 Pennsylvania Ave, SE | | Amount of Each Disbursement this Period 43.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Washington State DC Zip Code 20003 | | |
| Purpose of Disbursement Travel Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: D102186 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 6 |
| Mailing Address PO BOX 1140 | | Amount of Each Disbursement this Period 27.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Memphis State TN Zip Code 38101 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| <p>A. Kingsmill Resort</p> <p>Full Name (Last, First, Middle Initial) Kingsmill Resort</p> <p>Mailing Address 1010 Kingsmill Road</p> <p>City Williamsburg State VA Zip Code 23185</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: D102296</p> <p>Date of Disbursement 03 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 28.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
|--|--|--|

| | | |
|--|--|--|
| <p>B. Staples - Potomac Yard</p> <p>Full Name (Last, First, Middle Initial) Staples - Potomac Yard</p> <p>Mailing Address 3301 Jeff Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: D102273</p> <p>Date of Disbursement 03 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 57.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
|--|--|--|

| | | |
|--|--|--|
| <p>C. USPS</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 620 Mamaroneck Ave</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: D102277</p> <p>Date of Disbursement 03 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 55.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
|--|--|--|

| | |
|---|-------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**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 95 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 620 Mamaroneck Ave

City State Zip Code
White Plains NY 10605

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D102278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

93735.89

**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 96 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
Saginaw Chippewa Indian Tribe

Mailing Address 7070 East Broadway

City State Zip Code
Mount Pleasant MI 48858

Purpose of Disbursement
Refund of 2001 Primary Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D102221

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 0 | 1 | | 0 | 7 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Child Care Resources of Rockland

Mailing Address 235 North Main St, Ste 11

City State Zip Code
Spring Valley NY 10977

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D102306

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 150.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

150.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|--|
| A. Bronxville Democratic Committee Full Name (Last, First, Middle Initial) Mailing Address Westbourne 2-C Alger Courtn City Bronxville State NY Zip Code 10708 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102210 Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|--|
| B. Irvington Democratic Committee Full Name (Last, First, Middle Initial) Mailing Address 15 Jaffray Park City Irvington State NY Zip Code 10533 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102294 Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|--|
| C. Larchmont Democratic Committee Full Name (Last, First, Middle Initial) Mailing Address 8 Bay Street City Larchmont State NY Zip Code 10538 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D102203 Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Lucas for Congress | | Transaction ID: D102244 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 175765 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Covington State KY Zip Code 41017 | Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Lucas, Kenneth Ray | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Pelham Town Democratic Committee | | Transaction ID: D102166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 140 Cliff Avenue | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pelham State NY Zip Code 10803 | Category/ Type | |
| Purpose of Disbursement Nonfederal Contribution | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Port Chester Democratic Committee | | Transaction ID: D102222 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 6 Maplewood Lane | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Port Chester State NY Zip Code 10573 | Category/ Type | |
| Purpose of Disbursement Nonfederal Contribution | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tarrytown Democratic Committee | | Transaction ID: D102252 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 169 Altamont Avenue | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tarrytown State NY Zip Code 10591 | Purpose of Disbursement Nonfederal Contribution Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Tuckahoe Democratic Committee | | Transaction ID: D102167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 50 Columbus Avenue | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tuckahoe State NY Zip Code 10707 | Purpose of Disbursement Nonfederal Contribution Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. White Plains Democratic City Comm. | | Transaction ID: D102188 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 10 Franklin Avenue | | Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City White Plains State NY Zip Code 10601 | Purpose of Disbursement Nonfederal Contribution Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 700.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 101

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. Working Families Party

Mailing Address 88 Third Avenue

City Brooklyn State NY Zip Code 11217

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D102241

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

3950.00