

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FED MAIL ROOM

2000 DEC -7 P 12:20

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Nita Lowey for Congress		2. FEC IDENTIFICATION NUMBER 124273
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. c/o Aaron Eidelman Goldstein, Golub, Kessler LLP 1185 Avenue of Americas		
CITY, STATE and ZIP CODE New York, NY 10036	STATE/DISTRICT NY/18	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on <u>11/7/00</u> in the State of <u>New York</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report


This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 38,720.50	\$111,126.57
(b) Total Contribution Refunds (from Line 20(d))	\$ 0.00	\$ 1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 38,720.50	\$110,126.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 106,116.74	\$273,505.79
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ 115.58	\$ 115.58
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 106,001.16	\$273,390.21
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$1,575,874.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-634-1100

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

Type or Print Name of Treasurer <u>AARON EIDELMAN</u>		Date
Signature of Treasurer 		<u>12/6/00</u>

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

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# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Nita Lowey for Congress	From: 10/19/00	To: 11/27/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) _____	\$ 16,750.00	
(ii) Unitemized _____	\$ 5,220.50	
(iii) Total of contributions from individuals _____	\$ 21,970.50	\$ 68,028.00
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____	\$ 16,750.00	\$ 43,098.57
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	\$ 38,720.50	\$111,126.57
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> _____		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> _____	\$ 115.58	\$ 115.58
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> _____	\$ 78,505.63	\$107,059.44
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> _____	\$ 47,341.71	\$218,301.59
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> _____	\$106,116.74	\$273,505.79
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> _____		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees _____	\$ 0.00	\$ 1,000.00
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	\$ 0.00	\$ 1,000.00
<b>21. OTHER DISBURSEMENTS</b> _____	\$125,200.00	\$182,827.50
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> _____	\$231,316.74	\$457,333.29

### III. CASH SUMMARY

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> _____	\$ 1,759,849.04	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> _____	\$ 47,341.71	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> _____	\$ 1,807,190.75	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> _____	\$ 231,316.74	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> _____	\$ 1,575,874.01	27

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this period
Andrew Athens Hellenic Abroad 75 East Wacker Drive #500 Chicago, IL 60601	Hellenic Abroad	11/03/00	500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President	Aggregate Year To Date > \$ 1000.00	
Julie Brock 7 Cricklewood Lane Harrison, NY 10528		11/06/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year To Date > \$ 1000.00	
Thomas W Brock 7 Cricklewood Lane Harrison, NY 10528	Saloman Brothers	11/06/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Chief Adm. Officer	Aggregate Year To Date > \$ 1000.00	
Michael Chowdry 538 Commons Drive Golden, CO 80401		11/01/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year To Date > \$ 1000.00	
Ezra G Levin 5260 Sycamore Avenue Bronx, NY 10471	Kramer Levin Nassen Kamin & Frankel	11/03/00	250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year To Date > \$ 250.00	
Sandra Mack 8 Soundview Lane Kings Point, NY 11024		11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year To Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)----->

TOTAL This Period(last page this line number only)---->

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a(1)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Andrew Manatos 6956 Tulip Lane Bethesda, MD 20816	Manatos & Manatos	11/03/00	500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Partner		
	Aggregate Year To Date > \$	500.00	
Tasos Manassis 6 Old Farm Road Scarsdale, NY 10583		11/07/00	250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$	250.00	
Kenneth Novack 1800 Spring Street Portland, OR 97201	Schnitzer Investment Corp	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive		
	Aggregate Year To Date > \$	1000.00	
Robert Philg 33120 SW Fairmount Blvd. Portland, OR 97296		11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$	1000.00	
Thomas Rogers Primedia Inc, 745 Fifth Avenue New York, NY 10151	Primedia Inc.	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Chairman/CEO		
	Aggregate Year To Date > \$	1000.00	
Leonard Schnitzer 4700 S.W. Humphrey Boulevard Portland, OR 97221	Schnitzer Steel Industries	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive		
	Aggregate Year To Date > \$	1000.00	

SUBTOTAL of Receipts This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (In Full)  
 Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Lois Schnitzer 4700 S.W. Humphrey Boulevard Portland, OR 97221	Occupation Homemaker	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		
Janet Shapiro 16 Old Wheatday Road Old Brookville, NY 11545	Occupation Homemaker	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		
Milton Shapiro 799 Park Avenue New York, NY 10021	Graubard Mollen & Miller Occupation Attorney	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		
Beatrice Shapiro 799 Park Avenue New York, NY 10021	Occupation Homemaker	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		
Miriam Solan 1 Dolma Road Scarsdale, NY 10583	Occupation Homemaker	11/06/00	250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 250.00		
E.A. Stamoulis 167 East 67th Street New York, NY 10021	Liberty Maritime Corporation Occupation Executive	11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year To Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page Page 4 of 3  
For Line Number 11a(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Rose Zana 64-34 102nd Street Rego Park, NY 11374		11/03/00	250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired		
	Aggregate Year To Date >	\$ 250.00	

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

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NAME OF COMMITTEE (in Full)

Nita Lowey for Congress

<p>A. Full Name, Mailing Address and ZIP Code Stephen Berger 1050 Park Avenue New York, NY 10028</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Chase Bank</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year) 10/19/00</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code James Bond 2111 Wilson Blvd. Arlington, VA 22201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Collins &amp; Collins</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 10/20/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Goldene Blumberg 3300 Pauline Drive Chevy Chase, MD 20815</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 10/20/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>16750.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>16750.00</p>

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11c

Contributions from Other Political Committees (such as PACs)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
AANA PAC Amer Assoc of Nurse Anesthetic 412 First Street SE Washington, DC 20003		11/03/00	2500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 2500.00	
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
AM PAC American Medical Association 1101 Vermont Avenue NW 12th Fl Washington, DC 20005		11/04/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 1000.00	
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Arts and Humanities for America PAC PO BOX 27994  Washington, DC 20038		11/07/00	250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 250.00	
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Bell Atlantic PAC (VERIZON) 1717 Arch Street #475 Philadelphia, PA 19103		10/30/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 1000.00	
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
College of American Pathologists PAC 1350 I Street NW #590  Washington, DC 20005		11/03/00	500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 500.00	
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MCI Worldcom PAC 1801 Pennsylvania Avenue NW  Washington, DC 20008		11/03/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date >	\$ 1000.00	

SUBTOTAL of Receipts This Page (optional) ----->

TOTAL This Period (last page this line number only) ----->



Contributions from Other Political Committees (such as PACs)

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
RPAC Realtors PAC 700 Eleventh Street NW Washington, DC 20005		10/30/00	4000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$		4000.00
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$		
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
The Home Depot Better Government Committee 2455 Paces Ferry Road NW  Atlanta, GA 30339		10/30/00	500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$		500.00
Full Name, Mailing Address & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
UFCW - ABC United Food & Commercial Wkra 1775 K Street NW Washington, DC 20006		10/30/00	1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year To Date > \$		2000.00

SUBTOTAL of Receipts This Page (optional)----->

TOTAL This Period (last page this line number only)---->

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

See instructions for each category of the Detailed Summary Page

3 3  
FOR LINE NUMBER  
11C

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**NAME OF COMMITTEE (In Full)**

Nita Lowey For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laborer's Political League 905 16th Street, N.W. Washington, D.C. 20006		10/20/00	4000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 4000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ent PAC American Academy of Otolaryngology One Prince Street Alexandria, VA 22314		10/28/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

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

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

16750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**OFFSETS TO OPERATING EXPENDITURES**

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

PAGE 1 OF 1  
FOR LINE NUMBER 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Nita Lowey for Congress

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Ryan Phillips Utrecht &amp; Mackinnon 1133 Connecticut Avenue NW Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Refund</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year) 10/30/00</p>	<p>Amount of Each Receipt this Period 115.58</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

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

115.58

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**OTHER RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Manhattan Bank Mamaroneck Avenue White Plains, NY 10601		10/19/00-10/31/00	\$ 84.75
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1340.74	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Vista Funds 4 Chase Metrotech Ctr. Brooklyn, NY 11201		10/31/00	\$7920.88
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 69752.67	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Moskowitz for City Council c/o Zachary R. Greenhill, Esq. 160 East 65th Street New York, NY 10021		10/24/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

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

\$8505.63

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

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For Line Number 17

**Operating Expenditures**

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

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disb. this period
AMS Communications 447 Battery Street #250 San Francisco, CA 94111	Database Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	\$2,803.19
AT&T Wireless Services PO BOX 8220 Aurora, IL 60572	Cellular Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$105.13
Advantage Business Machines Inc. 931 North Broadway North White Plains, NY 10603	FAX/Copier Service Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$29.32
Aquent Financial Services 711 Baylston Street Boston, MA 02116	Web Site Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	\$1,325.00
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	\$1,182.17
Noam Bramson 1273 North Avenue New Rochelle, NY 10804	Salary Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$1,182.17
County Chamber of Commerce 235 Mamaroneck Avenue White Plains, NY 10605	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/00	\$150.00
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85082	Express Mail Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$48.21

**SUBTOTAL of Disbursements This Page (optional)**----->

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

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
DHL Worldwide Express PO BOX 78016 Phoenix, AZ 85062	Express Mail  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/00	\$155.24
Everett Graphic Services 22 Barker Avenue White Plains, NY 10601	Tax on Design  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	\$28.75
FEDEX PO BOX 1140 Memphis, TN 38101	Express Mail  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$14.30
G.E. Capital PO BOX 642111 Pittsburgh, PA 15264	FAX/Copier Rental  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$181.44
Great Bear Spring Water PO BOX 85041 Dallas, TX 75285	Office Supplies  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$19.93
Jewish Council of Yonkers, Inc. 584 North Broadway Yonkers, NY 10701	Advertisement  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$60.00
Jewish Council of Yonkers, Inc. 584 North Broadway Yonkers, NY 10701	Advertisement  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$150.00
KeyCorp Corporate Real Estate PO BOX 8367 Cleveland, OH 44101	Rent - Office Space  Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	\$1,050.00

SUBTOTAL of Disbursements This Page (optional)--->

TOTAL This Period(last page this line number only)--->

Operating Expenditures

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NAME OF COMMITTEE (in Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
Maybelle Chapter #18 O.E.S. 46 Brookdale Avenue New Rochelle, NY 10801	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/00	\$50.00
Postmaster Flushing 142-02 20th Avenue Flushing, NY 11351	Postage Mailing Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$27,450.00
Postmaster Flushing 142-02 20th Avenue Flushing, NY 11351	Bulk Mailing Permit Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$100.00
Postmaster White Plains 170 Martine Avenue White Plains, NY 10601	Postage Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	\$650.00
RBS & Associates 24 Burning Tree Road Greenwich, CT 06830	Consulting Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	\$2,200.00
Stanley Schlein 481 King Avenue Bronx, NY 10464	Legal Services - Petitions Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$4,000.00
Stroke Persons of Westchester 64 Lincoln Avenue #5H New Rochelle, NY 10801	Journal Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/00	\$100.00
The Jewish Post 130 West 29th Street New York, NY 10001	Advertisement Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$200.00

SUBTOTAL of Disbursements This Page (optional) --->

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Operating Expenditures

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$470.47
Verizon PO BOX 15124 Albany, NY 12212	Regional Telephone Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/00	\$24.53
WVOX 1 Communication Forum New Rochelle, NY 10801	Radio Time Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$1,030.00
American Express PO BOX 1270 Newark, NJ 07101	Expenses Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$2,710.00
American Express PO BOX 1270 Newark, NJ 07101	Membership Fee Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	55.00 Memo
CD USA 222 Rosewood Drive Danvers, MA 01923	Phone Directory Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	314.95 Memo
Carrlaga House Flowers 180 East Post Road White Plains, NY 10601	Flowers to Hospital Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	58.27 Memo
Intuit 535 Fifth Avenue New York, NY 10017	Software Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	67.73 Memo

SUBTOTAL of Disbursements This Page (optional) ----->

TOTAL This Period(last page this line number only)---->



SCHEDULE B ITEMIZED DISBURSEMENTS

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
Mindspring 1430 Peachtree Street Atlanta, GA 30309	Internet Services Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	19.95 Memo
Molyvos Restaurant 871 Seventh Avenue New York, NY 10019	Farewell Dinner - Fund Raiser Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	159.56 Memo
Pak Mall 717 White Plains Road Scarsdale, NY 10583	Mailing Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	35.37 Memo
Postmaster White Plains 1000 Westchester Avenue White Plains, NY 10610	Postage Disb for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	1966.28 Memo

SUBTOTAL of Disbursements This Page (optional)----->

TOTAL This Period(last page this line number only)----->

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**OPERATING EXPENDITURES**

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

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FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMS Communications 447 Battery Street #250 San Francisco, CA 94111	Database Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/00	\$ 50798.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Eastchester Democratic Committee 105 Garth Road Scarsdale, NY 10583	Purpose of Disbursement Journal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 100.00
D. Full Name, Mailing Address and ZIP Code Prime New York 1560 Broadway #711 New York, NY 10036	Purpose of Disbursement Lists Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 374.50
E. Full Name, Mailing Address and ZIP Code The Mellman Group 1000 Thom Jefferson St. NW #520 Washington, DC 20007	Purpose of Disbursement Survey Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 88.00
F. Full Name, Mailing Address and ZIP Code Efficiency Printing Co., Inc. 126 So. Lexington Avenue White Plains, NY 10602	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 3771.28
G. Full Name, Mailing Address and ZIP Code Jeffrey Sherber 140 West Tenth St. #2EE New York, NY 10014	Purpose of Disbursement Graphic Design Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 302.50
H. Full Name, Mailing Address and ZIP Code DHL Worldwide Express PO Box 78016 Phoenix, AZ 85062	Purpose of Disbursement Express Mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 62.28
I. Full Name, Mailing Address and ZIP Code Dell Financial Services PO Box 99355 Chicago, IL 60693	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 99.67

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

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

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**  
**OPERATING EXPENDITURES**

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

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 FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)  
 Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Rochelle Police FDN. PO Box 76B New Rochelle, NY 10801	Journal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 125.00
B. Full Name, Mailing Address and ZIP Code Chase Manhattan Bank 349 Fifth Avenue New York, NY 10016	Purpose of Disbursement Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/16/00	Amount of Each Disbursement This Period \$ 594.50
C. Full Name, Mailing Address and ZIP Code The Service Queens Gazette 42-16 34th Avenue Long Island City, NY 11101	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period \$ 150.00
D. Full Name, Mailing Address and ZIP Code Beverly Neufeld 931 Greason Point Road Mamaroneck, NY 10543	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period \$ 1160.00
E. Full Name, Mailing Address and ZIP Code The Jewish Post 130 West 29th Street New York, NY 10801	Purpose of Disbursement Journal Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period \$ 200.00
F. Full Name, Mailing Address and ZIP Code Verizon Wireless PO Box 489 Newark, NJ 07101	Purpose of Disbursement Regional Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period \$ 128.19
G. Full Name, Mailing Address and ZIP Code Temple Gates of Prayer 38-20 Parsons Blvd. Flushing, NY 11354	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/20/00	Amount of Each Disbursement This Period \$ 100.00
H. Full Name, Mailing Address and ZIP Code Edgewater Park Athletic Assoc. 145 Edgewater Park Drive Bronx, NY 10465	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/20/00	Amount of Each Disbursement This Period \$ 100.00
I. Full Name, Mailing Address and ZIP Code The Greater Hunger Memorial of Westchester	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/20/00	Amount of Each Disbursement This Period \$ 350.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS  
OPERATING EXPENDITURES**

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

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FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**

Nita Lowey for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Queens Women's Center 120-55 Queens Blvd Kew Gardens, NY 11424	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/00	\$ 35.00
B. Full Name, Mailing Address and ZIP Code NYS Conference of Bricklayers PO Box 8101 Hicksville, NY 11802	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/00	\$ 100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$106116.74

SCHEDULE B ITEMIZED DISBURSEMENTS

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

For Line Number 21

Other Disbursements

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement Contribution	Date(month day, year)	Amount of Each Disb. this period
Mount Vernon Democratic City Committee PO BOX 269 Mount Vernon, NY 10551	Contribution Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/00	1500.00
Yonkers Democratic City Committee 955 Yonkers Avenue Yonkers, NY 10704	Contribution Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	950.00
Tammy Baldwin for Congress 319 West Gorham Madison, WI 53703	Contribution House WI/2 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	1000.00
Rory Lancman Election Committee 42-21 Frances Lewis Blvd. Bayside, NY 11361	Contribution NYS Senate 11th District Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	250.00
Elaine Bloom for Congress 5265 Collins Avenue Miami Beach, FL 33140	Contribution House FL/22 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Lauren Beth Gash for Congress 1910 First Street Highland Park, IL 60035	Contribution House IL/10 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Diana Byrum for Congress 721 North Capitol #3 Lansing, MI 48906	Contribution House MI/8 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Linda Chapin for Congress 5232 South Orange Avenue #B Orlando, FL 32809	Contribution House FL/8 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00

SUBTOTAL of Disbursements This Page (optional) ————>

7700.00

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7700.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
Citizens for Rick Larsen 2512 Colby Avenue Everett, WA 98201	Contribution House WA/2 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
Curtis Clinesmith for Congress 121 West Hickory #100A Denton, TX 78203	Contribution House TX/13 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
Sam Gajdenson for Congress PO BOX 1818 Bozrah, CT 06334	Contribution House CT/2 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
Mike Kalleher for Congress PO BOX 5404 Bloomington, IL 61702	Contribution House IL/15 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
Friends of Jim Maloney 1335 East Main Street Waterbury, CT 06705	Contribution House CT/5 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
McCollum for Congress PO BOX 14131 St. Paul, MN 55114	Contribution House MN/4 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
David Minge for Congress 115 1/2 East Second Street Chaska, MN 55318	Contribution House MN/2 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00
Ed O'Brien for Congress PO BOX 447 Bethlehem, PA 18018	Contribution House PA/15 Disb for:   Primary   <input checked="" type="checkbox"/> General   Other (specify)	10/30/00	1000.00

SUBTOTAL of Disbursements This Page (optional) ----->

8000.00

TOTAL This Period(last page this line number only) --->

15700.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Disbursements

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NAME OF COMMITTEE (in Full)

Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Mary Ellen O'Shaughnessy for Congress PO BOX 1853 Columbus, OH 43216	Contribution House OH/12 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Garrie Schipske for Congress PO BOX 50038 Long Beach, CA 90815	Contribution House CA/38 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Don Dearmon for Congress 108 West College Terrace Frederick, MD 21701	Contribution House MD/8 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	500.00
Regina Seltzer for Congress PO BOX 548 Ballport, NY 11713	Contribution House NY/1 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1000.00
Luther for Congress Volunteer Committee 1399 Geneva Avenue No #202 Oakdale, MN 55126	Contribution House MN/6 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	1000.00
Ken Bentsen for Congress 9303 Stella Link Houston, TX 77025	Contribution House TX/25 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	1000.00
Dealey for Congress 100 Willow Plaza #300 Visalia, CA 93279	Contribution House CA/20 Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	1000.00
Victory 2000 20 Brace Road #115 Cherry Hill, NJ 08034	Contribution New Jersey State Party Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/00	1000.00

SUBTOTAL of Disbursements This Page (optional) ----->

7500.00

TOTAL This Period (last page this line number only) ----->

23200.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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For Line Number 21

Other Disbursements

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disb. this period
Friends of Lorraine 5819 Riverdale Avenue Bronx, NY 10471	Contribution NYS Senate Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1000.00
Friends Amy Paulin PO BOX 1763 White Plains, NY 10602	Contribution NYS Assembly Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/00	1000.00
Women's Lead DCCC 430 Capitol Street Washington, DC 20005	Contribution Disb for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/00	10000.00

SUBTOTAL of Disbursements This Page (optional) ----->

102000.00

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125200.00



### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12/7/00</i>
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
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<i>J.A.O.</i> PREPARER	<i>12/7/00</i> DATE PREPARED