

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Nita Lowey for Congress

ADDRESS (number and street) PO Box 271 White Plains NY 10605

2. FEC IDENTIFICATION NUMBER C00219881 IS THIS REPORT NEW (N) OR AMENDED (A) NY 18

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Election on 09 12 2006 in the State of NY

5. Covering Period 07 01 2006 through 08 23 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Richard Melnikoff

Signature of Treasurer Electronically Filed by Richard Melnikoff Date 08 30 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
2	3

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	134129.97	1125575.89
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	134129.97	1120375.89
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	75743.04	866630.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	11.63	549.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75731.41	866081.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1130397.79	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Nita Lowey for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
2	3

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).....

99450.00

833130.00

(ii) Unitemized.....

8608.00

74107.00

(iii) TOTAL of contributions

108058.00

907237.00

from individuals..... ▶

21.97

295.89

(b) Political Party Committees.....

26050.00

218043.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

134129.97

1125575.89

(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.).....

11.63

549.89

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

1226.48

22925.03

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

135368.08

1149050.81

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	75743.04	866630.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	5050.00
(b) Political Party Committees.....	0.00	150.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5200.00
21. OTHER DISBURSEMENTS.....	1500.00	333474.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	77243.04	1205304.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1072272.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	135368.08
25. SUBTOTAL (add Line 23 and Line 24).....	1207640.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77243.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1130397.79

# 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 5 / 86
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial) <b>A. Roger Aaron</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6	
Mailing Address 45 Birchall Drive		<b>Transaction ID: C6747028</b>	
City State Zip Code Scarsdale NY 10583		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 Skadden Arps Slate et al Attorney			
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>B. Daniel Abraham</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 777 South Flagler Drive West Tower, 14th Floor		<b>Transaction ID: C6718216</b>	
City State Zip Code West Palm Beach FL 33401		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 Slimfast President			
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>C. Daniel Abraham</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 777 South Flagler Drive West Tower, 14th Floor		<b>Transaction ID: C6720710</b>	
City State Zip Code West Palm Beach FL 33401		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 Slimfast President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5200.00
<b>TOTAL</b> 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 / 86
	<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) <b>A.</b> Norma Asnes		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 1035 Fifth Avenue		Transaction ID: C6768077	
City State Zip Code New York NY 10028	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 Ketay Asnes Productions Producer	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) <b>B.</b> Barbara Axel		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 228 Overlook Road		Transaction ID: C6720741	
City State Zip Code New Rochelle NY 10804	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 Occupation Information Requested Information Requested	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>C.</b> Ralph Baruch		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 784 Park Avenue		Transaction ID: C6717536	
City State Zip Code New York NY 10021	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 ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1200.00
<b>TOTAL</b> 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 / 86
	<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)  
Steven Bass

Mailing Address 300 North Central Avenue  
Apartment 1A

City Hartsdale State NY Zip Code 10530

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

Name of Employer Town of Greenburgh Occupation Councilman

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  
07 / 24 / 2006

Transaction ID: C6737965

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)  
Robert Belfer

Mailing Address 927 Fifth Avenue

City New York State NY Zip Code 10021

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

Name of Employer Belfer Management LLC Occupation Executive

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  
07 / 24 / 2006

Transaction ID: C6738055

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)  
Janet Bell

Mailing Address 2 Penn Boulevard

City Scarsdale State NY Zip Code 10583

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720796

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> 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 / 86
	<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)  
Susan Berresford

Mailing Address 575 Park Avenue #1103

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
The Ford Foundation Philanthropy

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

**Transaction ID:** C6720728

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)  
Kenneth L Bialkin

Mailing Address 211 Central Park West

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Skaaden Arps et al Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

**Transaction ID:** C6740025

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)  
Steve Bloom

Mailing Address 13 Old Orchard Road

City State Zip Code  
Rye Brook NY 10573

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

Name of Employer Occupation  
Saloman Smith Barney Financial Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2006

**Transaction ID:** C6717644

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Arno Boritzer

Mailing Address 134 St. Johns Ave

City State Zip Code  
Yonkers NY 10704

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C6740021

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)  
Mary Jo Bramson

Mailing Address 22 Hyatt Road

City State Zip Code  
Briarcliff Manor NY 10510

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: C6740281

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)  
Mary Jo Bramson

Mailing Address 22 Hyatt Road

City State Zip Code  
Briarcliff Manor NY 10510

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: C6740282

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> 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 / 86
	<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)  
Andrew Bronin

Mailing Address 4 Rye Ridge Plaza

City Rye Brook State NY Zip Code 10573

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

Name of Employer Self-Employed  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: C6740586

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)  
Merle J. Bushkin

Mailing Address 86 Caterson Terrace

City Hartsdale State NY Zip Code 10530

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

Name of Employer Bushkin Associates, Inc.  
Occupation Investment Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: C6740658

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)  
David Cannold

Mailing Address 3010 Westchester Avenue

City Purchase State NY Zip Code 10577

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 ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

Transaction ID: C6720826

Amount of Each Receipt this Period  
1100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 / 86
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) David Cannold Mailing Address 3010 Westchester Avenue City State Zip Code Purchase NY 10577 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006 <b>Transaction ID: C6720828</b> Amount of Each Receipt this Period 900.00 <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 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John K. Castle Mailing Address 150 East 58th St. City State Zip Code New York NY 10155 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 <b>Transaction ID: C6768082</b> 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)
Name of Employer Occupation Castle Harlan Inc. Merchant Banker Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Cecil Mailing Address 3 Stratford Road City State Zip Code Harrison NY 10528 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 <b>Transaction ID: C6738001</b> Amount of Each Receipt this Period 500.00 <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 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2400.00</b>
<b>TOTAL</b> 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 / 86
	<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

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

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial) <b>A. Peter Chatzky</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 206 Pine Road		<b>Transaction ID: C6717537</b>
City State Zip Code Briarcliff Manor NY 10510	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 Napa Group President/CEO	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) <b>B. Thomas H. Christofferson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006
Mailing Address 5 Hampshire Circle		<b>Transaction ID: C6768062</b>
City State Zip Code Bronxville NY 10708	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 JPMorgan Chase Financial Services Executive	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>C. Patricia Cloherty</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 155 Main Street		<b>Transaction ID: C6720839</b>
City State Zip Code Cold Springs NY 10516	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 U.S. Russia Investment Fund Investor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3600.00
<b>TOTAL</b> 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 13 / 86
	<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)  
Patricia Cloherty

Mailing Address 155 Main Street

City State Zip Code  
Cold Springs NY 10516

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

Name of Employer Occupation  
U.S. Russia Investment Fund Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

**Transaction ID:** C6720840

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)  
Barbara Dannenberg

Mailing Address 34 Century Ridge Road

City State Zip Code  
Purchase NY 10577

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

Name of Employer Occupation  
N/A Teacher

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3200.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

**Transaction ID:** C6720753

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)  
Judith H. Darsky

Mailing Address 4 Briar Del Circle

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) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** C6740277

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Cecelia Dempsey

Mailing Address 50 Allendale Drive

City Rye State NY Zip Code 10580

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

Name of Employer Pitney Hardin Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2006

Transaction ID: C6768058

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)  
Richard Dresdale

Mailing Address 29 Prescott Avenue

City Bronxville State NY Zip Code 10708

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

Name of Employer Fenway Partners Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720837

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)  
Blair W. Efron

Mailing Address 830 Park Avenue, Apt. 10B

City New York State NY Zip Code 10021

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

Name of Employer Centerview Partners LLC Occupation Partner, Investment Banking

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

Transaction ID: C6747029

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 / 86
	<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)  
Harry Fields

Mailing Address 28 Stonewall Lane

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: C6717634

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)  
Robert Fishbein

Mailing Address 67 Whipoorwill Crossing

City Armonk State NY Zip Code 10504

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

Name of Employer Melo Envelopes Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720833

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)  
Robert Fishbein

Mailing Address 67 Whipoorwill Crossing

City Armonk State NY Zip Code 10504

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

Name of Employer Melo Envelopes Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720835

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> 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 / 86
	<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)  
Jennifer Fowler

Mailing Address 185 Fenimore Road

City State Zip Code  
New Rochelle NY 10804

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

Name of Employer Occupation  
Jennifer W Fowler PC Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

**Transaction ID:** C6720783

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)  
Samuel G. Fredman

Mailing Address 2 Canfield Avenue  
Apt. 823

City State Zip Code  
White Plains NY 10601

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

Name of Employer Occupation  
Self-Employed Arbitrator-Mediator

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  
07 / 12 / 2006

**Transaction ID:** C6717535

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)  
David Freeman

Mailing Address 5 Glen Eagles Drive

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Self-Employed Attorney

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  
07 / 12 / 2006

**Transaction ID:** C6717531

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> 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 / 86
	<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 Freeman

Mailing Address 5 Glen Eagles Drive

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Yonkers Public Schools 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 Y  
07 / 12 / 2006

Transaction ID: C6717532

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)  
Emanuel Gantz

Mailing Address 45 Bates Road

City State Zip Code  
Harrison NY 10528

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

Name of Employer Occupation  
Edmund Gantz and Company Executive

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  
08 / 22 / 2006

Transaction ID: C6768069

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)  
Jeffrey Glassberg

Mailing Address 4 Delaware Avenue

City State Zip Code  
Morristown NJ 07960

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

Name of Employer Occupation  
North American Butterfly Association President

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  
08 / 22 / 2006

Transaction ID: C6768053

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 / 86
	<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 Goldstein

Mailing Address 940 Sylvan Lane

City Mamaroneck State NY Zip Code 10543

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

Name of Employer AGA Assoc. Occupation Investment Advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2006

Transaction ID: C6717647

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)  
Ruth Gottesman

Mailing Address 26 Island Drive

City Rye State NY Zip Code 10580

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

Name of Employer Albert Einstein College of Medicine Occupation Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720818

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)  
Fredric Gould

Mailing Address 5 Overlook Circle

City Manhasset State NY Zip Code 11030

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

Name of Employer GCP Capital Group Occupation Real Estate Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2006

Transaction ID: C6768056

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) ..... ► **2250.00**

**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 / 86
	<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)  
Emily Grant

Mailing Address 1016 Orienta Avenue

City Mamaroneck State NY Zip Code 10543

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 ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2006

Transaction ID: C6754022

Amount of Each Receipt this Period  
1200.00

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

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

Mailing Address 1035 Fifth Avenue #11A

City New York State NY Zip Code 10028

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

Name of Employer N/A Occupation Social Worker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: C6764096

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)  
Jeremy Henderson

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 ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2006

Transaction ID: C6717858

Amount of Each Receipt this Period  
1800.00

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 20 / 86
	<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)  
Patty Horing

Mailing Address 17 Pryer Lane

City State Zip Code  
Larchmont NY 10538

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

**Transaction ID:** C6768060

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)  
Patty Horing

Mailing Address 17 Pryer Lane

City State Zip Code  
Larchmont NY 10538

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

**Transaction ID:** C6768061

Amount of Each Receipt this Period  
1900.00

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

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

Mailing Address 1 Pond Park Road

City State Zip Code  
Great Neck NY 11023

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** C6698757

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4100.00</b>
<b>TOTAL</b> 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 21 / 86
	<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)  
Gedale Horowitz

Mailing Address 1 Pond Park Road

City State Zip Code  
Great Neck NY 11023

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

Name of Employer Occupation  
Citigroup Sr. Managing Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2006

**Transaction ID:** C6698758

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)  
Thomas Hutton

Mailing Address 39 Homesdale Road

City State Zip Code  
Bronxville NY 10708

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

Name of Employer Occupation  
Chemed Corporation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** C6720717

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)  
Mildred Johansson

Mailing Address 72 Smokey Hollow Road West

City State Zip Code  
East Berne NY 12059

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) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

**Transaction ID:** C6754013

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</b>
<b>TOTAL</b> 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 / 86
	<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. Denise Joselson		Date of Receipt MM / DD / YYYY 08 / 03 / 2006
Mailing Address 21 Park Drive South		Transaction ID: C6740673
City Rye	State NY	Zip Code 10580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self - Employed	Occupation Psychotherapist	<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 ▼ 1700.00	

Full Name (Last, First, Middle Initial) B. Priscilla Kauff		Date of Receipt MM / DD / YYYY 07 / 07 / 2006
Mailing Address 910 Park Avenue		Transaction ID: C6696819
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Psychologist	<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) C. Priscilla Kauff		Date of Receipt MM / DD / YYYY 08 / 03 / 2006
Mailing Address 910 Park Avenue		Transaction ID: C6740669
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation Psychologist	<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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> 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 / 86
	<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) <b>A.</b> Priscilla Kauff Mailing Address 910 Park Avenue City State Zip Code New York NY 10025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006 <b>Transaction ID:</b> C6740670 Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Psychologist 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) <b>B.</b> Richard Kaufman Mailing Address 119 Haviland Road City State Zip Code Harrison NY 10528 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 <b>Transaction ID:</b> C6754023 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Economist 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) <b>C.</b> Meredith Kornreich Mailing Address 133 Wendover Road City State Zip Code Rye NY 10580 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006 <b>Transaction ID:</b> C6717553 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)
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1900.00</b>
<b>TOTAL</b> 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 / 86
	<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) <b>A. Paul Kronish</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 535 East 86th Street, Apt. 21D		Transaction ID: C6717652	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kronish Associates	Occupation Insurance & Financial Stragist		
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>B. Lawrence Labriola</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 200 Johnson Rd.		Transaction ID: C6718215	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Carmine Labriola Contracting Corporati	Occupation Landscaping		
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) <b>C. Gail A Landauer</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 41 Ethelridge Road		Transaction ID: C6740694	
City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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 / 86
	<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 Todd Lang

Mailing Address 28 Oxford Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Weil Gotshal Manges LLP Attorney

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  
07 / 24 / 2006

Transaction ID: C6738004

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)  
Beth Leventhal

Mailing Address 10 Bessel Lane

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Occupation  
Institute Community Development Executive

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  
08 / 22 / 2006

Transaction ID: C6768072

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)  
Walter Lister

Mailing Address 39 Wendt Avenue

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) ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720794

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> 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 / 86
	<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) <b>A. Mary Marvin</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 15 Park Ave		<b>Transaction ID: C6720730</b>	
City State Zip Code Bronxville NY 10708	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mayor Village of Bronxville	Occupation Homemaker		
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>B. Marion Merrill</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 79 Oxford Road		<b>Transaction ID: C6737979</b>	
City State Zip Code New Rochelle NY 10804	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Marjorie Miller</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 11 Normandy Lane		<b>Transaction ID: C6740278</b>	
City State Zip Code Scarsdale NY 10538	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> 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 / 86
	<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)  
Joseph Murphy, Jr.  
Mailing Address 57 Franklin Avenue

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

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

Name of Employer Seneca Center, Inc.	Occupation Director
---	------------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2006

**Transaction ID:** C6754010

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)  
Judith Myers  
Mailing Address 257 Barnard Road

City Larchmont	State NY	Zip Code 10538
-------------------	-------------	-------------------

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

Name of Employer Westchester County Board of Legislator	Occupation County Legislator
--	---------------------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

**Transaction ID:** C6740017

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)  
Rosalind Myerson  
Mailing Address 1056 Fifth Avenue

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2006

**Transaction ID:** C6717534

Amount of Each Receipt this Period  
800.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> 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 / 86
	<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) <b>A. Toby Myerson</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 1056 Fifth Avenue, Apt. 4-AB		<b>Transaction ID: C6717533</b>	
City State Zip Code New York NY 10028	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 Paul, Weiss, Rifkind, Wharton & Garris	Occupation Attorney		
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>B. Nancy E Neuman</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 19 Manursing Way		<b>Transaction ID: C6737997</b>	
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 Country Properties	Occupation Realtor		
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) <b>C. Lizabeth Newman</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006	
Mailing Address 515 Park Avenue		<b>Transaction ID: C6720830</b>	
City State Zip Code New York NY 10022	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		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<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) <b>A.</b> John Nonna		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 21 Ashland Avenue		<b>Transaction ID:</b> C6740689
City Pleasantville State NY Zip Code 10670	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pleasantville Occupation Mayor	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Och		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 11 Dolma Road		<b>Transaction ID:</b> C6738006
City Scarsdale State NY Zip Code 10583	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Och - Ziff Capital Management Group Occupation Senior Managing Member	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Brenda Jane Oestreich		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006
Mailing Address 42 Sheldrake Rd.		<b>Transaction ID:</b> C6766885
City Scarsdale State NY Zip Code 10583	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 / 86
	<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)  
David A. Oestreich

Mailing Address 42 Sheldrake Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer C.H.O. Enterprises, Inc. Occupation President

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  
08 / 22 / 2006

Transaction ID: C6766884

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)  
Barbara Offenhartz

Mailing Address 87 Valley Lane

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer BHO Associates Occupation Consultant

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  
07 / 18 / 2006

Transaction ID: C6720824

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)  
Colin Offenhartz

Mailing Address 87 Valley Lane

City State Zip Code  
Chappaqua NY 10514

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 ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: C6720822

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) ..... ► **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 31 / 86
	<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) <b>A. Barbara Orentzel</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 44 Hillandale Drive		<b>Transaction ID: C6737973</b>	
City State Zip Code New Rochelle NY 10804		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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	

Full Name (Last, First, Middle Initial) <b>B. David D Parker</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 200 East 90th Street		<b>Transaction ID: C6740672</b>	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kleinberg Kaplan Wolff et al Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Harry Phillips, III</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 71 Hawthorne Way		<b>Transaction ID: C6740696</b>	
City State Zip Code Hartsdale NY 10530		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Phillips Compensation Occupation Insurance			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 / 86
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Evelyn Pozez Mailing Address 6358 N. Pinnacle Ridge Dr. City Tucson State AZ Zip Code 85718 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> C6768046 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)
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 ▼ 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) Corey Rabin Mailing Address 6 Lakeside Drive City Rye State NY Zip Code 10580 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6 <b>Transaction ID:</b> C6738002 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rabin, Panero & Herrick 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

<b>C.</b> Full Name (Last, First, Middle Initial) Robert S Rifkind Mailing Address 1021 Park Avenue City New York State NY Zip Code 10028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> C6740283 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)
Name of Employer Cravath Swaine & Moore LLP 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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 86
	<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) <b>A. Mauro Romita</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 25 Beech Tree Lane		<b>Transaction ID: C6738864</b>	
City State Zip Code Pelham NY 10803		Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Castle Oil Inc. Occupation CEO			
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>B. Mauro Romita</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 25 Beech Tree Lane		<b>Transaction ID: C6738866</b>	
City State Zip Code Pelham NY 10803		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Castle Oil Inc. Occupation CEO			
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>C. Courtney Ross</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 71 East 71st Street		<b>Transaction ID: C6740026</b>	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ross School Occupation Founder/Chair			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> 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 / 86
	<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)  
Courtney Ross

Mailing Address 71 East 71st Street

City State Zip Code  
New York NY 10021

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

Name of Employer Ross School Occupation Founder/Chair

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C6740027

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)  
Deborah Sacks

Mailing Address 835 Claflin Avenue

City State Zip Code  
Mamaroneck NY 10543

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: C6737999

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)  
Catherine Samuels

Mailing Address 11 Althea Lane

City State Zip Code  
Larchmont NY 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 ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: C6717854

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> 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 / 86
	<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)  
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 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
07 / 12 / 2006

Transaction ID: C6717856

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)  
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 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

450.00

Date of Receipt  
07 / 19 / 2006

Transaction ID: C6735302

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)  
Stuart Schapiro

Mailing Address 41 Winged Foot Drive

City Larchmont State NY Zip Code 10538-1132

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

Name of Employer RANX Associates Occupation Private Investor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
07 / 12 / 2006

Transaction ID: C6717651

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2006

Transaction ID: C6740667

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address PO Box 813  
61 Middle BEach Road

City Madison State CT Zip Code 06443

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2006

Transaction ID: C6698760

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)  
Jane Scott

Mailing Address 4 Delaware Road

City Morristown State NJ Zip Code 07960

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

Name of Employer Columbia University Medical Occupation Physicians

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2006

Transaction ID: C6768052

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> 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 / 86
	<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) <b>A. Donald Sharp</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 66 Avon Road		<b>Transaction ID: C6738011</b>	
City State Zip Code Bronxville NY 10708		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Merchants Bank of New York	Occupation Bank Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00		

Full Name (Last, First, Middle Initial) <b>B. Alfred Shasha</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 15 Cotswold Way		<b>Transaction ID: C6768048</b>	
City State Zip Code Scarsdale NY 10583		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Anna L Shereff</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1200 Midland Avenue, Apt. 9A		<b>Transaction ID: C6717649</b>	
City State Zip Code Bronxville NY 10708		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 86
	<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 Jay Singer

Mailing Address 27 East 65th Street, Apt. 15B

City State Zip Code  
New York NY 10021

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

Name of Employer  
EDI Superior Imaging & Diagnostic LLC

Occupation  
Managing Member - Medical Imaging

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

**Transaction ID:** C6764099

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)  
Bruce Slovin

Mailing Address 42 East 65th Street

City State Zip Code  
New York NY 10021

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

Name of Employer  
1 Eleven Associates

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

**Transaction ID:** C6696818

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)  
Nancy Solomon

Mailing Address 151 Central Park West

City State Zip Code  
New York NY 10023

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

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** C6764559

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Allan Sperling

Mailing Address 2 Fifth Avenue  
Apartment 8J

City State Zip Code  
New York NY 10011

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

Name of Employer Cleary Gottlieb Steen & Hamilton  
Occupation Attorney

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  
07 / 19 / 2006

Transaction ID: C6735259

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)  
Morris Storck

Mailing Address 427 Martling Ave

City State Zip Code  
Tarrytown NY 10591

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  
08 / 11 / 2006

Transaction ID: C6754003

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)  
Linda Tanenbaum

Mailing Address 330 East 79th Street

City State Zip Code  
New York NY 10021

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

Name of Employer Sentiments  
Occupation Antique Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: C6717637

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> 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 40 / 86
	<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)  
Glen Tobias

Mailing Address 22 Hampton Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Self-Employed Occupation  
Private Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: C6738013

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)  
Glen Tobias

Mailing Address 22 Hampton Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Self-Employed Occupation  
Private Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: C6738014

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)  
Robert Tully

Mailing Address 9 Tallwood Road

City State Zip Code  
Armonk NY 10504-1020

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) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: C6740588

Amount of Each Receipt this Period  
1100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5300.00</b>
<b>TOTAL</b> 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 41 / 86
	<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) <b>A. Robert Tully</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 9 Tallwood Road		<b>Transaction ID: C6740589</b>	
City State Zip Code Armonk NY 10504-1020		Amount of Each Receipt this Period 1900.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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) <b>B. Marsha Wagner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 300 Park Avenue		<b>Transaction ID: C6720716</b>	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Marcia Warner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 1015 Nautilus Lane		<b>Transaction ID: C6720814</b>	
City State Zip Code Mamaroneck NY 10543		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sackler School of Medicine	Occupation Executive Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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 42 / 86
	<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) <b>A.</b> Marcia Warner		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 1015 Nautilus Lane		Transaction ID: C6720815
City State Zip Code Mamaroneck NY 10543	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sackler School of Medicine	Occupation Executive Director	
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>B.</b> Robert Warner		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 1015 Nautilus Lane		Transaction ID: C6720816
City State Zip Code Mamaroneck NY 10543	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Robert Warner Associates	Occupation Retail Consultant	
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>C.</b> Barbara Witchel		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 50 Popham Road #2C		Transaction ID: C6753998
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2050.00
<b>TOTAL</b> 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 43 / 86
	<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)  
Phyllis Wittner

Mailing Address 6 Pheasant Run

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Mamaroneck Town Council Councilwoman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

**Transaction ID:** C6740691

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)  
Martin Zelman

Mailing Address 425 East 58th Street

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Martin Zelman Enterprises Real Estate Development

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

**Transaction ID:** C6740665

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 411 Hackensack Ave, 5th Floor

City State Zip Code  
Hackensack NJ 07601

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

Name of Employer Occupation

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  
07 / 24 / 2006

**Transaction ID:** C6738166

Amount of Each Receipt this Period  
1000.00

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

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 44 / 86
	(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)  
Rabin, Panero & Herrick

Mailing Address 44 Church Street

City State Zip Code  
White Plains NY 10601

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

Name of Employer Occupation

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  
07 / 28 / 2006

**Transaction ID:** C6765618

Amount of Each Receipt this Period  
500.00

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

**PARTNERSHIP**--partners below if itemized

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

Mailing Address 6 Lakeside Drive

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Rabin, Panero & Herrick Partner

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  
07 / 28 / 2006

**Transaction ID:** C6765621

Amount of Each Receipt this Period  
500.00

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

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	99450.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 86  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
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** C00000935

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
295.89

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: C6765379

Amount of Each Receipt this Period  
21.97

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

\* In-Kind: Fundraising Services

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	21.97

**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 / 86
	<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) <b>A. AFLAC Incorporated Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 1932 Wynton Road		<b>Transaction ID: C6718210</b>
City Columbus	State GA	Zip Code 31999
FEC ID number of contributing federal political committee. <b>C C00034157</b>		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 ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Air Line Pilots Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 1625 Massachusetts Avenue NW		<b>Transaction ID: C6718207</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C C00035451</b>		Amount of Each Receipt this Period 5000.00
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. American Hospital Association Political Action Com</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 325 Seventh Street NW		<b>Transaction ID: C6740029</b>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C C00106146</b>		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 ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> 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 47 / 86
	<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) <b>A.</b> American Hospital Association Political Action Com		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 325 Seventh Street NW		<b>Transaction ID:</b> C6740030
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00106146	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> American Medical Association Political Action Comm		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1101 Vermont Avenue NW, 12th FL		<b>Transaction ID:</b> C6740031
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000422	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> ENTERPRISE ASSOCIATION OF STEAMFITTERS LOCAL 638 P		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 32-32 48TH AVENUE		<b>Transaction ID:</b> C6718209
City LONG ISLAND CITY State NY Zip Code 11101	FEC ID number of contributing federal political committee. <b>C</b> C00386821	Amount of Each Receipt this Period 250.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> 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 / 86
	<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) <b>A.</b> Friends of Reese Berman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 3 Locust Lane		<b>Transaction ID:</b> C6735306
City State Zip Code Armonk NY 10504	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> International Union Of Operating Engineers-local 1		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 1360 Pleasantville Road		<b>Transaction ID:</b> C6738047
City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00114371		<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 ▼ 6500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> International Union Of Operating Engineers-local 1		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 1360 Pleasantville Road		<b>Transaction ID:</b> C6738048
City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00114371		<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 ▼ 6500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> 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 49 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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) <b>A.</b> Peckham Industries Inc. Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 20 Harlem Avenue		<b>Transaction ID:</b> C6738018
City State Zip Code White Plains NY 10603	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00343681		<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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Plumbers Local Union #1 of NYC PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 158-29 Crossbay Boulevard		<b>Transaction ID:</b> C6740028
City State Zip Code Howard Beach NY 11414	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00327478		<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	

Contribution Refunded 8/3-0/06

Full Name (Last, First, Middle Initial) <b>C.</b> Teaching Hospital Education Political Action Cmte		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006
Mailing Address 805 15th Street, NW, Ste 500		<b>Transaction ID:</b> C6740274
City State Zip Code Washington DC 20005-2207	Amount of Each Receipt this Period 4200.00	
FEC ID number of contributing federal political committee. <b>C</b> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5700.00
<b>TOTAL</b> 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 50 / 86
	<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)  
UNITE Campaign Committee

Mailing Address 275 7th Avenue

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

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 Y  
07 / 17 / 2006

**Transaction ID:** C6718213

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)  
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE

Mailing Address 901 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** C6764588

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)  
UPS-PAC

Mailing Address United Parcel Service  
316 Pennsylvania Avenue SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

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  
07 / 31 / 2006

**Transaction ID:** C6740032

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>26050.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 86
	(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

**A.** Full Name (Last, First, Middle Initial)  
Chase Manhattan Bank

Mailing Address 349 Fifth Avenue

City State Zip Code  
New York NY 10016-0001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
309.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** C6765376

Amount of Each Receipt this Period  
22.37

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 ▼  
22615.89

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** C6765378

Amount of Each Receipt this Period  
1204.11

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1226.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1226.48

# 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) <b>A. American Express Merchant Services</b>		<b>Transaction ID: D124997</b>	
Mailing Address PO Box 53852		Date of Disbursement 07 / 05 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 5.00
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>B. American Express Merchant Services</b>		<b>Transaction ID: D125080</b>	
Mailing Address PO Box 53852		Date of Disbursement 08 / 03 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 5.00
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>C. Beta Parking</b>		<b>Transaction ID: D125025</b>	
Mailing Address 545 5th Avenue		Date of Disbursement 07 / 11 / 2006	
City New York	State NY	Zip Code 10017	Amount of Each Disbursement this Period 400.00
Purpose of Disbursement Monthly Parking		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(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) <b>A. Beta Parking</b>		<b>Transaction ID:</b> D125071 Date of Disbursement 08 / 02 / 2006
Mailing Address 545 5th Avenue		Amount of Each Disbursement this Period 200.00
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>B. Chase Manhattan Bank</b>		<b>Transaction ID:</b> D125065 Date of Disbursement 07 / 31 / 2006
Mailing Address 349 Fifth Avenue		Amount of Each Disbursement this Period 10.85
City New York State NY Zip Code 10016-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charges	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>C. Chase Merchant Services</b>		<b>Transaction ID:</b> D124996 Date of Disbursement 07 / 03 / 2006
Mailing Address 45 Knollwood Road		Amount of Each Disbursement this Period 73.05
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	283.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Chase Merchant Services</b>		<b>Transaction ID:</b> D125078 Date of Disbursement
Mailing Address 45 Knollwood Road		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Elmsford	State NY	Zip Code 10523
Purpose of Disbursement Merchant Fees	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="73.05"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CTS Holdings, LLC</b>		<b>Transaction ID:</b> D125082 Date of Disbursement
Mailing Address 2525 Horizon Lake Drive, Suite 120		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Memphis	State TN	Zip Code 38133
Purpose of Disbursement Merchant Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="35.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CTS Holdings, LLC</b>		<b>Transaction ID:</b> D124999 Date of Disbursement
Mailing Address 2525 Horizon Lake Drive, Suite 120		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Memphis	State TN	Zip Code 38133
Purpose of Disbursement Merchant Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="35.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="143.05"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Deer Park Spring Water</b>		<b>Transaction ID:</b> D125012 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
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) <b>B. Deer Park Spring Water</b>		<b>Transaction ID:</b> D125098 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address Processing Center PO Box 52271		Amount of Each Disbursement this Period 35.49
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) <b>C. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> D124081 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 21.97
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.44
<b>TOTAL</b> 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) <b>A. Sarah Eckstein</b>		<b>Transaction ID: D125059</b> Date of Disbursement 07 / 28 / 2006
Mailing Address 15 Carlin Street		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>B. Sarah Eckstein</b>		<b>Transaction ID: D125031</b> Date of Disbursement 07 / 12 / 2006
Mailing Address 15 Carlin Street		Amount of Each Disbursement this Period 39.76
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 Travel Expense Reimbursement	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>C. Sarah Eckstein</b>		<b>Transaction ID: D125033</b> Date of Disbursement 07 / 14 / 2006
Mailing Address 15 Carlin Street		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	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2195.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(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) <b>A. Sarah Eckstein</b>		<b>Transaction ID: D125050</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 15 Carlin Street		Amount of Each Disbursement this Period 100.00 <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 Petty Cash 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>B. Sarah Eckstein</b>		<b>Transaction ID: D125070</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 15 Carlin Street		Amount of Each Disbursement this Period 65.33 <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 Healthcare Expense Reimbursement 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>C. Sarah Eckstein</b>		<b>Transaction ID: D125085</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 15 Carlin Street		Amount of Each Disbursement this Period 1077.64 <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 Expense 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1242.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. El Clarin</b> Full Name (Last, First, Middle Initial) Mailing Address 40 Broadway City Haverstraw State NY Zip Code 10927 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) ▼		<b>Transaction ID: D125087</b> Date of Disbursement 08 / 15 / 2006 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
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<b>B. FEDEX</b> 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) ▼		<b>Transaction ID: D125100</b> Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 41.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. FEDEX</b> 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) ▼		<b>Transaction ID: D125101</b> Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 26.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	268.01
<b>TOTAL</b> 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) <b>A. FEDEX</b>		Transaction ID: D125105 Date of Disbursement 08 / 18 / 2006
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 62.94 <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) ▼	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Transaction ID: D125053 Date of Disbursement 07 / 20 / 2006	
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 40.82 <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) ▼

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Transaction ID: D125054 Date of Disbursement 07 / 20 / 2006	
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 16.77 <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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	120.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. FEDEX</b>		Transaction ID: D125063 Date of Disbursement 07 / 31 / 2006	
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 77.70	
City Memphis State TN Zip Code 38101	Purpose of Disbursement Deliveries Candidate Name	<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>B. FEDEX</b>		Transaction ID: D125013 Date of Disbursement 07 / 11 / 2006	
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 34.28	
City Memphis State TN Zip Code 38101	Purpose of Disbursement Deliveries Candidate Name	<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>C. FEDEX</b>		Transaction ID: D125014 Date of Disbursement 07 / 11 / 2006	
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 117.30	
City Memphis State TN Zip Code 38101	Purpose of Disbursement Deliveries Candidate Name	<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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	229.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. FEDEX</b> 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) ▼		<b>Transaction ID: D125015</b> Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 39.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. FEDEX</b> 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) ▼		<b>Transaction ID: D125016</b> Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 29.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. FEDEX</b> 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) ▼		<b>Transaction ID: D125017</b> Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 95.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	164.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. FEDEX</b> 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) ▼		<b>Transaction ID: D125018</b> Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 30.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. FEDEX</b> 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) ▼		<b>Transaction ID: D125019</b> Date of Disbursement 07 / 11 / 2006 Amount of Each Disbursement this Period 40.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. FMBS Merchant Services</b> Full Name (Last, First, Middle Initial) Mailing Address 2 Westbrook Drive Suite 200 City Westchester State IL Zip Code 60154 Purpose of Disbursement Merchant Fees 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) ▼		<b>Transaction ID: D124995</b> Date of Disbursement 07 / 03 / 2006 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 86

<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) <b>A. FMBS Merchant Services</b>		<b>Transaction ID:</b> D125079 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 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) <b>B. Ford Credit</b>		<b>Transaction ID:</b> D125001 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO Box 220564		Amount of Each Disbursement this Period 371.94
City Pittsburgh State PA Zip Code 15257-2564	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Monthly Car Lease 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>C. G.E. Capital</b>		<b>Transaction ID:</b> D125007 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO BOX 642111		Amount of Each Disbursement this Period 180.21
City Pittsburgh State PA Zip Code 15264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Equipment Rental 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>582.15</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(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) <b>A. G.E. Capital</b>		<b>Transaction ID: D125072</b>	
Mailing Address PO BOX 642111		Date of Disbursement 08 / 02 / 2006	
City Pittsburgh	State PA	Zip Code 15264	
Purpose of Disbursement Equipment Rental	Amount of Each Disbursement this Period 202.21		
Candidate Name	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. G.E. Capital</b>		<b>Transaction ID: D125119</b>	
Mailing Address PO BOX 642111		Date of Disbursement 08 / 23 / 2006	
City Pittsburgh	State PA	Zip Code 15264	
Purpose of Disbursement Equipment Rental	Amount of Each Disbursement this Period 202.21		
Candidate Name	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gerard Carelli Orchestra, Inc.</b>		<b>Transaction ID: D125032</b>	
Mailing Address 52 Park Avenue		Date of Disbursement 07 / 12 / 2006	
City Bedford Hills	State NY	Zip Code 10570	
Purpose of Disbursement Event Expense	Amount of Each Disbursement this Period 1600.00		
Candidate Name	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2004.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (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) <b>A. Great American BBQ Company</b>		<b>Transaction ID: D125048</b> Date of Disbursement 07 / 17 / 2006
Mailing Address 54 Gedney Way		Amount of Each Disbursement this Period 6089.78
City White Plains State NY Zip Code 10605	Purpose of Disbursement Event Catering 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>B. Impressive Paper and Envelope Company</b>		<b>Transaction ID: D125003</b> Date of Disbursement 07 / 11 / 2006
Mailing Address 139 East Prospect Avenue		Amount of Each Disbursement this Period 5089.58
City Mamaroneck State NY Zip Code 10543	Purpose of Disbursement Printing 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>C. Impressive Paper and Envelope Company</b>		<b>Transaction ID: D125004</b> Date of Disbursement 07 / 11 / 2006
Mailing Address 139 East Prospect Avenue		Amount of Each Disbursement this Period 751.59
City Mamaroneck State NY Zip Code 10543	Purpose of Disbursement Printing 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11930.95</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(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) <b>A. Impressive Paper and Envelope Company</b>		<b>Transaction ID:</b> D125005 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 139 East Prospect Avenue		Amount of Each Disbursement this Period 515.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mamaroneck State NY Zip Code 10543		
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>B. Key Post Realty Corp.</b>		<b>Transaction ID:</b> D125103 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 26		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 New Rochelle State NY Zip Code 10802		
Purpose of Disbursement Office 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>C. KeyCorp Corporate Real Estate</b>		<b>Transaction ID:</b> D125010 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3448.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (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) <b>A. KeyCorp Corporate Real Estate</b>		<b>Transaction ID:</b> D125011 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO BOX 6367		Amount of Each Disbursement this Period 1466.66
City Cleveland State OH Zip Code 44101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>B. Janica L. Kyriacopoulos</b>		<b>Transaction ID:</b> D125073 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 5304 McKinley Street		Amount of Each Disbursement this Period 2592.50
City Bethesda State MD Zip Code 20814-1414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. Janica L. Kyriacopoulos</b>		<b>Transaction ID:</b> D125058 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 5304 McKinley Street		Amount of Each Disbursement this Period 318.75
City Bethesda State MD Zip Code 20814-1414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4377.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. NetCampaign, LLC</b>		<b>Transaction ID: D125038</b> Date of Disbursement 07 / 14 / 2006
Mailing Address 718 7th Street, NW Suite 300		Amount of Each Disbursement this Period 75.00
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>B. NetCampaign, LLC</b>		<b>Transaction ID: D125009</b> Date of Disbursement 07 / 11 / 2006
Mailing Address 718 7th Street, NW Suite 300		Amount of Each Disbursement this Period 115.00
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>C. NetCampaign, LLC</b>		<b>Transaction ID: D125097</b> Date of Disbursement 08 / 15 / 2006
Mailing Address 718 7th Street, NW Suite 300		Amount of Each Disbursement this Period 215.00
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	405.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. NGP Software, Inc.</b>		<b>Transaction ID:</b> D125094 Date of Disbursement 08 / 15 / 2006
Mailing Address 5039 Connecticut Ave, NW		Amount of Each Disbursement this Period 1400.00
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 Software Rental 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>B. NGP Software, Inc.</b>		<b>Transaction ID:</b> D125008 Date of Disbursement 07 / 11 / 2006
Mailing Address 5039 Connecticut Ave, NW		Amount of Each Disbursement this Period 1500.00
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 Software Rental 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>C. Noam Bramson</b>		<b>Transaction ID:</b> D125024 Date of Disbursement 07 / 11 / 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7483.33</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(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) <b>A. Noam Bramson</b>		<b>Transaction ID: D125069</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 201 Pinebrook Boulevard		Amount of Each Disbursement this Period 4583.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Rochelle State NY Zip Code 10804		
Purpose of Disbursement Political Consulting Services	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>B. Paychex, Inc.</b>		<b>Transaction ID: D125083</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 106.26 <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	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>C. Paychex, Inc.</b>		<b>Transaction ID: D125102</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 401.25 <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	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5090.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Paychex, Inc.</b>		<b>Transaction ID:</b> D125000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 100.26
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) <b>B. Paychex, Inc.</b>		<b>Transaction ID:</b> D125034 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 401.25
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>C. Paychex, Inc.</b>		<b>Transaction ID:</b> D125060 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 100 Painters Mill Road PO Box 388		Amount of Each Disbursement this Period 401.25
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	902.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. PCMS, LLC</b>		<b>Transaction ID: D125057</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 5304 McKinley Street		Amount of Each Disbursement this Period 233.75	
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>B. PCMS, LLC</b>		<b>Transaction ID: D125074</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address 5304 McKinley Street		Amount of Each Disbursement this Period 1466.25	
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. PCMS, LLC</b>		<b>Transaction ID: D124998</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6	
Mailing Address 5304 McKinley Street		Amount of Each Disbursement this Period 701.25	
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2401.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Peake DeLancey Printers LLC</b>		<b>Transaction ID: D125061</b> Date of Disbursement 07 / 31 / 2006	
Mailing Address 2500 Schuster Drive		Amount of Each Disbursement this Period 10125.44	
City Cheverly State MD Zip Code 20781	Purpose of Disbursement Printing and Mailing Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>B. Peake DeLancey Printers LLC</b>		<b>Transaction ID: D125086</b> Date of Disbursement 08 / 15 / 2006	
Mailing Address 2500 Schuster Drive		Amount of Each Disbursement this Period 2226.90	
City Cheverly State MD Zip Code 20781	Purpose of Disbursement Postage for Fundraising Mailing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. Postmaster White Plains</b>		<b>Transaction ID: D125062</b> Date of Disbursement 07 / 31 / 2006	
Mailing Address 170 Martine Avenue		Amount of Each Disbursement this Period 160.00	
City White Plains State NY Zip Code 10601	Purpose of Disbursement BRM Permit Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12512.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Ryan Phillips Utrecht &amp; MacKinnon</b>		<b>Transaction ID: D125022</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 1133 Connecticut Avenue NW		Amount of Each Disbursement this Period 1011.46
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>B. Shoreline Publishing, Inc.</b>		<b>Transaction ID: D125089</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 629 Fifth Avenue		Amount of Each Disbursement this Period 215.00
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>C. TerraPath</b>		<b>Transaction ID: D125096</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 350 Theodore Fremd Avenue Suite 300		Amount of Each Disbursement this Period 156.25
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1382.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. TerraPath</b>		<b>Transaction ID:</b> D125051 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 350 Theodore Fremd Avenue Suite 300		Amount of Each Disbursement this Period 125.00
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>B. TerraPath</b>		<b>Transaction ID:</b> D125052 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 350 Theodore Fremd Avenue Suite 300		Amount of Each Disbursement this Period 342.59
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>C. The Frost Group</b>		<b>Transaction ID:</b> D125023 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 1 / 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5467.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. The Frost Group</b>		<b>Transaction ID:</b> D125068 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 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) <b>B. The State Insurance Fund</b>		<b>Transaction ID:</b> D125002 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address GPO Box 5351		Amount of Each Disbursement this Period 142.61
City New York State NY Zip Code 10087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Disability Benefits Insurance 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>C. Tuckahoe Senior Center</b>		<b>Transaction ID:</b> D125091 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 4 Union Place		Amount of Each Disbursement this Period 135.00
City Tuckahoe State NY Zip Code 10707	<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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5277.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 86

<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) <b>A. Twenty First Century Group, Inc.</b>		<b>Transaction ID:</b> D125006 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 434 New Jersey Ave, SE		Amount of Each Disbursement this Period 1000.00
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 Event Site Rental 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>B. USPS</b>		<b>Transaction ID:</b> D125020 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 620 Mamaroneck Ave		Amount of Each Disbursement this Period 72.00
City White Plains State NY Zip Code 10605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PO Box Rental 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>C. Verizon Wireless</b>		<b>Transaction ID:</b> D125026 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address PO BOX 489		Amount of Each Disbursement this Period 103.46
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1175.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> D125055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address PO BOX 489		Amount of Each Disbursement this Period 54.09
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>B. Verizon Wireless</b>		<b>Transaction ID:</b> D125104 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO BOX 489		Amount of Each Disbursement this Period 48.90
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>C. Verizon</b>		<b>Transaction ID:</b> D125084 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 350 Granite Street		Amount of Each Disbursement this Period 309.83
City Braintree State MA Zip Code 02184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Phone Expense	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	412.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Verizon</b>		<b>Transaction ID: D125035</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 350 Granite Street		Amount of Each Disbursement this Period 364.77
City Braintree State MA Zip Code 02184	<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) <b>B. Verizon</b>		<b>Transaction ID: D125036</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 350 Granite Street		Amount of Each Disbursement this Period 263.15
City Braintree State MA Zip Code 02184	<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) <b>C. Woman's National Democratic Club</b>		<b>Transaction ID: D125099</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 1526 New Hampshire Avenue, NW		Amount of Each Disbursement this Period 135.00
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	762.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. YMCA of Tarrytown</b>		<b>Transaction ID:</b> D125093 Date of Disbursement 08 / 15 / 2006
Mailing Address 62 Main St		Amount of Each Disbursement this Period 250.00
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 Event Sponsorship	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>B. American Express</b>		<b>Transaction ID:</b> D125021 Date of Disbursement 07 / 11 / 2006
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 312.30
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	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>C. Citgo</b>		<b>Transaction ID:</b> D125030 Date of Disbursement 07 / 11 / 2006
Mailing Address		Amount of Each Disbursement this Period 111.28
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 Travel 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) ▼	

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	562.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. ExxonMobil</b>		Transaction ID: D125029 Date of Disbursement 07 / 11 / 2006	
Mailing Address 339 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 41.17	
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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>B. Staples - Potomac Yard</b>		Transaction ID: D125028 Date of Disbursement 07 / 11 / 2006	
Mailing Address 3301 Jeff Davis Hwy		Amount of Each Disbursement this Period 41.98	
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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>C. USPS</b>		Transaction ID: D125027 Date of Disbursement 07 / 11 / 2006	
Mailing Address 620 Mamaroneck Ave		Amount of Each Disbursement this Period 117.87	
City White Plains State NY Zip Code 10605	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) <b>A. American Express</b>		<b>Transaction ID:</b> D125039 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 2703.37 <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>B. ExxonMobil</b>		<b>Transaction ID:</b> D125043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 339 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 78.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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) <b>C. FEDEX</b>		<b>Transaction ID:</b> D125042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address PO BOX 1140		Amount of Each Disbursement this Period 22.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2703.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 86

<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><b>A.</b> Full Name (Last, First, Middle Initial) Hotel George</p> <p>Mailing Address 15 E St, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Event Catering</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><b>Transaction ID:</b> D125041 <b>Date of Disbursement</b> 07 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 781.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Postmaster White Plains</p> <p>Mailing Address 170 Martine Avenue</p> <p>City White Plains State NY Zip Code 10601</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><b>Transaction ID:</b> D125044 <b>Date of Disbursement</b> 07 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 468.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sonoma</p> <p>Mailing Address 223 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Event Catering</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><b>Transaction ID:</b> D125040 <b>Date of Disbursement</b> 07 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 1276.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>0.00</p>
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# 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) <b>A. American Express</b>		<b>Transaction ID:</b> D125106 Date of Disbursement 08 / 18 / 2006
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 889.91
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	<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>B. Citigo</b>		<b>Transaction ID:</b> D125111 Date of Disbursement 08 / 18 / 2006
Mailing Address		Amount of Each Disbursement this Period 74.86
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 Travel Expense	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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>C. ExxonMobil</b>		<b>Transaction ID:</b> D125109 Date of Disbursement 08 / 18 / 2006
Mailing Address 339 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 49.14
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 Travel	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	889.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. FEDEX</b> 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: D125108 Date of Disbursement 08 / 18 / 2006 Amount of Each Disbursement this Period 61.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Sunoco</b> Full Name (Last, First, Middle Initial) Mailing Address US 46 West City Ridgefield State NJ Zip Code 07657 Purpose of Disbursement Travel Expense 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: D125117 Date of Disbursement 08 / 18 / 2006 Amount of Each Disbursement this Period 38.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. USPS</b> 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: <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: D125107 Date of Disbursement 08 / 18 / 2006 Amount of Each Disbursement this Period 331.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	75031.10

# 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) <b>A. Mamaroneck Town Democrats</b>		<b>Transaction ID:</b> D125066 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address c/o Rosalind Weinstein 47 Vine Road		Amount of Each Disbursement this Period 500.00
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 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>B. Somers Democratic Town Committee</b>		<b>Transaction ID:</b> D125081 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 16 Logging Rd		Amount of Each Disbursement this Period 500.00
City Katonah State NY Zip Code 10536	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. White Plains Democratic City Comm.</b>		<b>Transaction ID:</b> D125067 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 10 Franklin Avenue		Amount of Each Disbursement this Period 500.00
City White Plains State NY Zip Code 10601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1500.00