

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Nita Lowey for Congress

ADDRESS (number and street)

PO Box 271

Check if different than previously reported. (ACC)

White Plains

NY

10605

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00219881

3. 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)

Convention (12C)

Special (12S)

Election on

11

02

2010

in the State of

NY

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2010

through

10

13

2010

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

10

21

2010

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	12300.00	1935027.74
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11800.00	1934527.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	142796.37	1258460.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3089.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	142796.37	1255370.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1140549.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Nita Lowey for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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	6750.00	1581016.00
(i) Itemized (use Schedule A).....	550.00	69488.00
(ii) Unitemized.....	7300.00	1650504.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	223.74
(b) Political Party Committees.....	5000.00	284300.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	12300.00	1935027.74
(e) TOTAL CONTRIBUTIONS (other than loans) (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.).....		
	0.00	3089.35
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	9822.92
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	12300.00	1947940.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	142796.37	1258460.31
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.....	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS.....	29000.00	316000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	172296.37	1574960.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1300545.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	12300.00
25. SUBTOTAL (add Line 23 and Line 24).....	1312845.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	172296.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1140549.10

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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

<p>A. Full Name (Last, First, Middle Initial) Betsy Cohn</p> <p>Mailing Address 1111 Park Avenue</p> <p>City State Zip Code New York NY 10128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Political Activist & Arts Philanthropi</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</p> <p>Transaction ID: C18913477</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Beth Klein</p> <p>Mailing Address 960 Park Avenue</p> <p>City State Zip Code New York NY 10028</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0</p> <p>Transaction ID: C18916787</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ezra G Levin</p> <p>Mailing Address 5260 Sycamore Avenue</p> <p>City State Zip Code Bronx NY 10471</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kramer Levin Naftalis & Frankel LLP Occupation Partner</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</p> <p>Transaction ID: C18912182</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 28
(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)
Jennifer Nobandegani
Mailing Address 125 E 84th St Apt 4B

City State Zip Code
New York NY 10028-0902

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 12 / 2010
Transaction ID: C18916805
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Lori Reinsberg
Mailing Address 4 East 73rd St

City State Zip Code
New York NY 10021

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 06 / 2010
Transaction ID: C18909647
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Lynne Rubin
Mailing Address 29 east 64 street

City State Zip Code
New york NY 10065

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

Name of Employer Self Occupation Psychotherapist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 02 / 2010
Transaction ID: C18903960
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 28
(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)
Bernard Spitzer
Mailing Address 97 Rye Road
City Rye State NY Zip Code 10580
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
10 / 13 / 2010
Transaction ID: C18923915
Amount of Each Receipt this Period 1000.00

Name of Employer Spitzer Engineering Inc Occupation Real Estate Developer
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Jennifer Allan Soros
Mailing Address 70 A Greenwich Avenue PMB 199
City New York State NY Zip Code 10011-8307
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
10 / 07 / 2010
Transaction ID: C18916191
Amount of Each Receipt this Period 1000.00

Name of Employer Self-Employed Occupation Consultant
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼ 1000.00

* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee
Mailing Address 430 South Capitol Street
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00000935

Date of Receipt MM / DD / YYYY
10 / 08 / 2010
Transaction ID: C18916191B
Amount of Each Receipt this Period 1000.00

Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼ 2000.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 28
(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)
Eric Colombel

Mailing Address 888 Seventh Avenue

City State Zip Code
New York NY 10106

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

Name of Employer Trace Foundation Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 07 / 2010

Transaction ID: C18916200

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution:
See Below

B. 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 Conduit total listed in Agg. field

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 08 / 2010

Transaction ID: C18916200B

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(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)
Sheet Metal Workers' International Assoc. PAL

Mailing Address 1750 New York Avenue NW

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer	Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: C18923986

Amount of Each Receipt this Period

5000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 28

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> 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: D434768 Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 4.95
B.	Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> 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: D434773 Date of Disbursement 10 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 583.05
C.	Full Name (Last, First, Middle Initial) Antonio Meucci Lodge #213 <hr/> Mailing Address 279 Maple Avenue <hr/> City White Plains State NY Zip Code 10606 <hr/> Purpose of Disbursement Journal Advertisement Candidate Name <hr/> 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: D434797 Date of Disbursement 10 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 125.00

SUBTOTAL of Disbursements This Page (optional) ▶

713.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Beta Parking Mailing Address 545 5th Avenue City New York State NY Zip Code 10017 Purpose of Disbursement Monthly Parking Candidate Name 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: D434772 Date of Disbursement 10 / 05 / 2010 Amount of Each Disbursement this Period 200.00 Category/Type	
B.	Full Name (Last, First, Middle Initial) Deer Park Spring Water Mailing Address PO Box 856192 City Louisville State KY Zip Code 40285-6192 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434761 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 21.67 Category/Type	
C.	Full Name (Last, First, Middle Initial) Direct Mail of New York, Inc. Mailing Address 3199 Alba Post Road Suite 158 City Buchanan State NY Zip Code 10511 Purpose of Disbursement Postage Candidate Name 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: D434808 Date of Disbursement 10 / 13 / 2010 Amount of Each Disbursement this Period 682.00 Category/Type	

SUBTOTAL of Disbursements This Page (optional)	903.67
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) El Clarin <hr/> Mailing Address 40 Broadway <hr/> City Haverstraw State NY Zip Code 10927 <hr/> Purpose of Disbursement Journal Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434798 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 1140 <hr/> City Memphis State TN Zip Code 38101 <hr/> Purpose of Disbursement Deliveries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434762 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 29.23
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 1140 <hr/> City Memphis State TN Zip Code 38101 <hr/> Purpose of Disbursement Deliveries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434763 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 82.76
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	311.99
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D434764 Date of Disbursement 10 / 01 / 2010
	Mailing Address PO BOX 1140	Amount of Each Disbursement this Period 96.25
	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.	Full Name (Last, First, Middle Initial) Ford Credit	Transaction ID: D434767 Date of Disbursement 10 / 04 / 2010
	Mailing Address PO Box 220564	Amount of Each Disbursement this Period 326.52
	City Pittsburgh State PA Zip Code 15257-2564	
	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) ▼
C.	Full Name (Last, First, Middle Initial) Global Strategy Group, Inc.	Transaction ID: D434804 Date of Disbursement 10 / 11 / 2010
	Mailing Address 895 Broadway, 5th FL	Amount of Each Disbursement this Period 13200.00
	City New York State NY Zip Code 10003	
	Purpose of Disbursement Polling 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) ▼

SUBTOTAL of Disbursements This Page (optional)	13622.77
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Holocaust and Human Right Educ Ctr <hr/> Mailing Address 2900 Purchase St <hr/> City Purchase State NY Zip Code 10577 <hr/> Purpose of Disbursement Journal Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434790 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Holocaust Museum and Study Center <hr/> Mailing Address 17 South Madison Ave <hr/> City Spring Valley State NY Zip Code 10977 <hr/> Purpose of Disbursement Journal Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434803 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
	Category/ Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Home Town Media Group <hr/> Mailing Address 200 William Street <hr/> City Port Chester State NY Zip Code 10573 <hr/> Purpose of Disbursement Journal Advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D434770 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 8325.00
	Category/ Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶

8975.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company</p> <p>Mailing Address 139 East Prospect Avenue</p> <p>City Mamaroneck State NY Zip Code 10543</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434759</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4080.25"/></p>
<p>B. Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company</p> <p>Mailing Address 139 East Prospect Avenue</p> <p>City Mamaroneck State NY Zip Code 10543</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434760</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5368.75"/></p>
<p>C. Full Name (Last, First, Middle Initial) Jawonio Foundation</p> <p>Mailing Address 260 N. Little Tor Rd</p> <p>City New City State NY Zip Code 10956</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434792</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.	Transaction ID: D434758 Date of Disbursement 10 ^M / 01 ^D / 2010 ^Y
	Mailing Address PO Box 26	Amount of Each Disbursement this Period 1466.66
	City New Rochelle State NY Zip Code 10802	
	Purpose of Disbursement Office Rent	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.	Full Name (Last, First, Middle Initial) Mack/Crouse Group, LLC	Transaction ID: D434806 Date of Disbursement 10 ^M / 12 ^D / 2010 ^Y
	Mailing Address 2001 N. Beauregard Suite 420	Amount of Each Disbursement this Period 44684.00
	City Alexandria State VA Zip Code 22311	
	Purpose of Disbursement Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mack/Crouse Group, LLC	Transaction ID: D434807 Date of Disbursement 10 ^M / 12 ^D / 2010 ^Y
	Mailing Address 2001 N. Beauregard Suite 420	Amount of Each Disbursement this Period 45473.00
	City Alexandria State VA Zip Code 22311	
	Purpose of Disbursement Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

91623.66

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 5039 Connecticut Ave, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Software License Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434765</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2850.00"/></p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Noam Bramson</p> <p>Mailing Address 201 Pinebrook Boulevard</p> <p>City New Rochelle State NY Zip Code 10804</p> <p>Purpose of Disbursement Strategic Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434757</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3750.00"/></p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Pace Women's Justice Center</p> <p>Mailing Address 78 North Broadway</p> <p>City White Plains State NY Zip Code 10603</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434799</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 100 Painters Mill Road PO Box 388</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434766 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 110.02</p>
<p>B. Full Name (Last, First, Middle Initial) PCMS, LLC</p> <p>Mailing Address 5304 McKinley Street</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434771 Date of Disbursement 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2884.29</p>
<p>C. Full Name (Last, First, Middle Initial) Police Athletic League of Yonkers Foundat</p> <p>Mailing Address 127 N. Broadway</p> <p>City Yonkers State NY Zip Code 10701</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434800 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional)	3294.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Rockland Community Bulletin</p> <p>Mailing Address 50 Melnick Drive</p> <p>City Monsey State NY Zip Code 10952</p> <p>Purpose of Disbursement Journal Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434802</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) SunTrust Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434809</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="544.97"/></p>
<p>C. Full Name (Last, First, Middle Initial) The Frost Group</p> <p>Mailing Address 2737 Devonshire Place, NW #325</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434756</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5794.97"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
The Jewish Press

Transaction ID: D434801
Date of Disbursement

Mailing Address 338 Third Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	1	0

City State Zip Code
Brooklyn NY 11215

Amount of Each Disbursement this Period

308.00

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Westchester ARC

Transaction ID: D434791
Date of Disbursement

Mailing Address 265 Saw Mill River Road

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	1	0

City State Zip Code
Hawthorne NY 10532

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Westchester Disabled on the Move

Transaction ID: D434796
Date of Disbursement

Mailing Address 984 N. Broadway, Ste L-01

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	1	0

City State Zip Code
Yonkers NY 10701

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

758.00

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Westchester Public/Private Partnership fo

Mailing Address 9 S. First Ave

City State Zip Code
Mt. Vernon NY 10550

Purpose of Disbursement
Journal Advertisement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D434795

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		1	1		2	0	1	0

Amount of Each Disbursement this Period

175.00

SUBTOTAL of Disbursements This Page (optional) ►

175.00

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

142596.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. David W Jones

Mailing Address 441 10th Street NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D434805

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Bill Owens for Congress	Transaction ID: D434776 Date of Disbursement 10 / 08 / 2010
	Mailing Address PO Box 1575	Amount of Each Disbursement this Period 2000.00
	City Plattsburgh State NY Zip Code 12901	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name William Owens	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Clarkstown Democratic Committee	Transaction ID: D434788 Date of Disbursement 10 / 11 / 2010
	Mailing Address PO Box 442	Amount of Each Disbursement this Period 1000.00
	City New City State NY Zip Code 10956	
	Purpose of Disbursement Nonfederal Contribution	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) ▼

C.	Full Name (Last, First, Middle Initial) Clarkstown Democratic Committee	Transaction ID: D434789 Date of Disbursement 10 / 11 / 2010
	Mailing Address PO Box 442	Amount of Each Disbursement this Period 500.00
	City New City State NY Zip Code 10956	
	Purpose of Disbursement Nonfederal Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) Dobbs Ferry Democratic Committee <hr/> Mailing Address 120 Bellaire Place <hr/> City Dobbs Ferry State NY Zip Code 10522 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> 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: D434782 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Eleanor Roosevelt Legacy Committee <hr/> Mailing Address PO Box 20293 Greeley Square Statio <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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: D434769 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Mamaroneck Town Democrats <hr/> Mailing Address c/o Rosalind Weinstein <hr/> City Mamaroneck State NY Zip Code 10543 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> 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: D434783 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial)
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement
2010 General Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 13

Transaction ID: D434778

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
New Rochelle Democratic City Cmte

Mailing Address 28 Trenor Drive

City New Rochelle State NY Zip Code 10804

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D434784

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
North Castle Democratic Committee

Mailing Address 103 Old Hickory Way

City Bedford State NY Zip Code 10506

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D434785

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ►

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.	Full Name (Last, First, Middle Initial) NYS DACC - Housekeeping <hr/> Mailing Address 107 Washington Ave Suite 1 LL <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Unlimited Transfer to Party Committee Candidate Name Category/ Type <hr/> 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:	Transaction ID: D434781 Date of Disbursement 10 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 10000.00
B.	Full Name (Last, First, Middle Initial) NYS Democratic Senate Campaign Comm <hr/> Mailing Address Housekeeping Account 107 Washington Avenue <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Unlimited Transfer to Party Committee Candidate Name Category/ Type <hr/> 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:	Transaction ID: D434779 Date of Disbursement 10 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) NYS Democratic Senate Campaign Comm <hr/> Mailing Address Housekeeping Account 107 Washington Avenue <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Unlimited Transfer to Party Committee Candidate Name Category/ Type <hr/> 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:	Transaction ID: D434780 Date of Disbursement 10 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

<p>A. Full Name (Last, First, Middle Initial) NYS Democratic Senate Campaign Comm</p> <p>Mailing Address Housekeeping Account 107 Washington Avenue</p> <p>City Albany State NY Zip Code 12210</p> <p>Purpose of Disbursement Unlimited Transfer to Party Committe</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434775 Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ossining Democratic Committee</p> <p>Mailing Address 9 Stonegate Road</p> <p>City Ossining State NY Zip Code 10562</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434786 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Bishop for Congress</p> <p>Mailing Address 129 Wooley Street</p> <p>City South Hampton State NY Zip Code 11968</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D434777 Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
White Plains Democrats

Mailing Address 300 Martine Ave

City State Zip Code
White Plains NY 10601

Purpose of Disbursement
Nonfederal Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D434787

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		1	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

29000.00