

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Rosenthal for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5237.00	30217.40
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5237.00	30217.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21247.29	41614.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21247.29	41614.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21613.56	
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).....	33010.89	

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 05/2016)

Write or Type Committee Name

Rosenthal for Congress

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

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).....	3911.00	25295.48
(ii) Unitemized.....	1326.00	4640.76
(iii) TOTAL of contributions from individuals ▶	5237.00	29936.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	281.16
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5237.00	30217.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	33010.89
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	33010.89
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5237.00	63228.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21247.29	41614.73
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	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21247.29	41614.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37623.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5237.00
25. SUBTOTAL (add Line 23 and Line 24).....	42860.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21247.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21613.56

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 60	
<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	

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)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
Barnett, Charles, , ,

Mailing Address 224 Datura St.
Suite 1113

City West Palm Beach	State FL	Zip Code 33401
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cahn, W. Stewart, , ,

Mailing Address 80 Central Park West
Apt. 2D

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cahn Capital Corp.	Occupation Finance
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Golub, Benjamin, , ,

Mailing Address 248 E. 31st St.
Apt. 9A

City New York	State NY	Zip Code 10016
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FEC ID number of contributing federal political committee. **C**

Name of Employer B. Joseph Golub, PC	Occupation Attorney
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2016

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	750.00
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: (check only one)				PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
Jaffe, Derika, , ,

Mailing Address 189 W. 89th St.
Apt. 7T

City New York	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C**

Name of Employer Salesforce	Occupation Information Technology
--------------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1467.19

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
184.70

Memo Item
In-kind - Facebook ad services (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
Kelman, Samuel, , ,

Mailing Address 1215 Avenue M

City Brooklyn	State NY	Zip Code 11230
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kohane, Ariel, , ,

Mailing Address 114 W. 70th St.
Apt. 6A

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee. **C**

Name of Employer Republican Leadership Initiati	Occupation Campaigns
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
292.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	275.00
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 OF 60
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
Lowry, Charles, J., ,

Mailing Address 8801 Shore Road

City: Brooklyn State: NY Zip Code: 11209

FEC ID number of contributing federal political committee: C

Name of Employer: Independent Contractor Occupation: Sales

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 236.00

Date of Receipt: 08 / 22 / 2016

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period: 36.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lowry, Charles, J., ,

Mailing Address 8801 Shore Road

City: Brooklyn State: NY Zip Code: 11209

FEC ID number of contributing federal political committee: C

Name of Employer: Independent Contractor Occupation: Sales

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 286.00

Date of Receipt: 09 / 30 / 2016

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period: 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)

Mailing Address 50 F STREET NW SUITE 100

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C C00345132

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2016

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1086.00

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 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
Steinhardt, Michael, , ,

Mailing Address 712 Fifth Ave.
34th Fl.

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Steinhardt Management Company Retired money manager/philanthropist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 09 2016

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period
1800.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	3911.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 60
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 03 / 2016

Transaction ID : SA11D.4968

Amount of Each Receipt this Period
8.00

Memo Item
In-kind - Donorbox donation processing (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 04 / 2016

Transaction ID : SA11D.4970

Amount of Each Receipt this Period
386.10

Memo Item
In-kind - Flight travel expense (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 04 / 2016

Transaction ID : SA11D.4972

Amount of Each Receipt this Period
355.48

Memo Item
In-kind - Flight travel expense (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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: (check only one)	PAGE 10 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11D.4966

Amount of Each Receipt this Period
99.95

Memo Item
In-kind - Meal w/ potential donors (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11D.4964

Amount of Each Receipt this Period
6.95

Memo Item
In-kind - Shipping (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SA11D.4962

Amount of Each Receipt this Period
16.32

Memo Item
In-kind - Record keeping services (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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 11 OF 60
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C H6NY10119**

Name of Employer Fastcase Occupation President/Chairman

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 28 2016

Transaction ID : SA11D.4960

Amount of Each Receipt this Period
25.00

Memo Item
In-kind - Mailchimp email services (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C H6NY10119**

Name of Employer Fastcase Occupation President/Chairman

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 03 2016

Transaction ID : SA11D.4958

Amount of Each Receipt this Period
8.00

Memo Item
In-kind - Donorbox donation processing (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C H6NY10119**

Name of Employer Fastcase Occupation President/Chairman

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 15 2016

Transaction ID : SA11D.4956

Amount of Each Receipt this Period
44.06

Memo Item
In-kind - Vistaprint Printing Services (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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: (check only one)	PAGE 12 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
12	13a	13b	14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11D.4952

Amount of Each Receipt this Period
104.99

Memo Item
In-kind - Meal with potential donors (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11D.4954

Amount of Each Receipt this Period
488.49

Memo Item
In-kind - Vistaprint Printing Services (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11D.4950

Amount of Each Receipt this Period
32.64

Memo Item
In-kind - EB Impacto Symposium (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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: (check only one)	PAGE 13 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
12	13a	13b	14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2016

Transaction ID : SA11D.4948

Amount of Each Receipt this Period
16.32

Memo Item
In-kind - Record keeping services (to be reimbursed)

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2016

Transaction ID : SA11D.4946

Amount of Each Receipt this Period
25.00

Memo Item
In-kind - Mailchimp email services (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2016

Transaction ID : SA11D.4944

Amount of Each Receipt this Period
8.00

Memo Item
In-kind - Donorbox donation processing (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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: (check only one)	PAGE 14 OF 60
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2016

Transaction ID : SA11D.4939

Amount of Each Receipt this Period
26.30

Memo Item
In-kind - Shipping

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2016

Transaction ID : SA11D.4942

Amount of Each Receipt this Period
231.18

Memo Item
In-kind - Meal w/ potential donors (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11D.4937

Amount of Each Receipt this Period
26.32

Memo Item
In-kind - Copy Express copy services (to be reimbursed)

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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: (check only one)		PAGE 15 OF 60	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11D.4935

Amount of Each Receipt this Period
6.45

Memo Item
In-kind - Shipping

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11D.4931

Amount of Each Receipt this Period
14.99

Memo Item
In-kind - Record keeping services (to be reimbursed)

C. Full Name (Last, First, Middle Initial)
ROSENTHAL, PHILIP JEFFREY DR., , ,

Mailing Address 189 W. 89TH STREET
APT. 7T

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NY10119

Name of Employer Fastcase	Occupation President/Chairman
------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33292.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11D.4933

Amount of Each Receipt this Period
25.00

Memo Item
In-kind - Mailchimp Email Services

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	0.00

**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 16 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. Esquilin, Dany, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 134 Branton St.			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11236	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.4836	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Esquilin, Dany, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 134 Branton St.			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11236	Amount of Each Disbursement this Period 4500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.4837	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Esquilin, Dany, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016	
Mailing Address 134 Branton St.			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11236	Amount of Each Disbursement this Period 842.00	
Purpose of Disbursement Reimbursement for Campaign Travel/Lodging Expense		Category/ Type	Transaction ID : SB17.4847	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7342.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. Renaissance Cleveland Hotel		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 24 Public Square Tower City Center		FEC Identification Number C
City Cleveland	State OH	Zip Code 44113
Purpose of Disbursement Advance for lodging expense by Dany Esquilin (reimbursed)		Amount of Each Disbursement this Period 842.00
Candidate Name		Transaction ID : SB17.4847.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Esquilin, Dany, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 134 Branton St.		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11236
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.4848
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Esquilin, Dany, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016
Mailing Address 134 Branton St.		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11236
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.4853
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. Jaffe, Derika, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2016		
Mailing Address 189 W. 89th St. Apt. 7T					
City New York	State NY	Zip Code 10024	FEC Identification Number C		
Purpose of Disbursement In-kind - Facebook ad services (to be reimbursed)			Amount of Each Disbursement this Period 184.70		
Candidate Name		Category/ Type	Transaction ID : SB17.4930		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. PayPal			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016		
Mailing Address 2211 North First Street					
City San Jose	State CA	Zip Code 95131	FEC Identification Number C		
Purpose of Disbursement Donation Platform Services			Amount of Each Disbursement this Period 180.00		
Candidate Name		Category/ Type	Transaction ID : SB17.4856		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) c. PayPal			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016		
Mailing Address 2211 North First Street					
City San Jose	State CA	Zip Code 95131	FEC Identification Number C		
Purpose of Disbursement Donation Processing Fees			Amount of Each Disbursement this Period 206.23		
Candidate Name		Category/ Type	Transaction ID : SB17.4858		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	386.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement In-kind - Donorbox donation processing (to be reimbursed)			Transaction ID : SB17.4969	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 386.10	
Purpose of Disbursement In-kind - Flight travel expense (to be reimbursed)			Transaction ID : SB17.4971	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 355.48	
Purpose of Disbursement In-kind - Flight travel expense (to be reimbursed)			Transaction ID : SB17.4973	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 99.95	
Purpose of Disbursement In-kind - Meal w/ potential donors (to be reimbursed)			Transaction ID : SB17.4967	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 6.95	
Purpose of Disbursement In-kind - Shipping (to be reimbursed)			Transaction ID : SB17.4965	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 16.32	
Purpose of Disbursement In-kind - Record keeping services (to be reimbursed)			Transaction ID : SB17.4963	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement In-kind - Mailchimp email services (to be reimbursed)			Transaction ID : SB17.4961	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement In-kind - Donorbox donation processing (to be reimbursed)			Transaction ID : SB17.4959	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 44.06	
Purpose of Disbursement In-kind - Vistaprint Printing Services (to be reimbursed)			Transaction ID : SB17.4957	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 189 W. 89TH STREET APT. 7T		FEC Identification Number C H6NY10119
City NEW YORK	State NY	Zip Code 10024
Purpose of Disbursement In-kind - Meal with potential donors (to be reimbursed)		Amount of Each Disbursement this Period 104.99
Candidate Name		Transaction ID : SB17.4953
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: NY District: 10	Category/Type	

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2016
Mailing Address 189 W. 89TH STREET APT. 7T		FEC Identification Number C H6NY10119
City NEW YORK	State NY	Zip Code 10024
Purpose of Disbursement In-kind - Vistaprint Printing Services (to be reimbursed)		Amount of Each Disbursement this Period 488.49
Candidate Name		Transaction ID : SB17.4953
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: NY District: 10	Category/Type	

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address 189 W. 89TH STREET APT. 7T		FEC Identification Number C H6NY10119
City NEW YORK	State NY	Zip Code 10024
Purpose of Disbursement In-kind - EB Impacto Symposium (to be reimbursed)		Amount of Each Disbursement this Period 32.64
Candidate Name		Transaction ID : SB17.4951
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: NY District: 10	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,				Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T				FEC Identification Number C H6NY10119	
City NEW YORK		State NY	Zip Code 10024		Amount of Each Disbursement this Period 16.32
Purpose of Disbursement In-kind - Record keeping services (to be reimbursed)				Category/ Type	
Candidate Name				Transaction ID : SB17.4949	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: NY District: 10					

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,				Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T				FEC Identification Number C H6NY10119	
City NEW YORK		State NY	Zip Code 10024		Amount of Each Disbursement this Period 25.00
Purpose of Disbursement In-kind - Mailchimp email services (to be reimbursed)				Category/ Type	
Candidate Name				Transaction ID : SB17.4947	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: NY District: 10					

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,				Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T				FEC Identification Number C H6NY10119	
City NEW YORK		State NY	Zip Code 10024		Amount of Each Disbursement this Period 8.00
Purpose of Disbursement In-kind - Donorbox donation processing (to be reimbursed)				Category/ Type	
Candidate Name				Transaction ID : SB17.4945	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: NY District: 10					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 26.30	
Purpose of Disbursement In-kind - Shipping			Transaction ID : SB17.4940	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 231.18	
Purpose of Disbursement In-kind - Meal w/ potential donors (to be reimbursed)			Transaction ID : SB17.4943	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 26.32	
Purpose of Disbursement In-kind - Copy Express copy services (to be reimbursed)			Transaction ID : SB17.4938	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 6.45	
Purpose of Disbursement In-kind - Shipping		Category/ Type	Transaction ID : SB17.4936	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) B. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 14.99	
Purpose of Disbursement In-kind - Record keeping services (to be reimbursed)		Category/ Type	Transaction ID : SB17.4932	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

Full Name (Last, First, Middle Initial) C. ROSENTHAL, PHILIP JEFFREY DR., , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2016	
Mailing Address 189 W. 89TH STREET APT. 7T			FEC Identification Number C H6NY10119	
City NEW YORK	State NY	Zip Code 10024	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement In-kind - Mailchimp Email Services		Category/ Type	Transaction ID : SB17.4934	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY District: 10				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

A. RP Public Relations

Full Name (Last, First, Middle Initial)
Mailing Address 77 Water St.

City New York State NY Zip Code 10005

Purpose of Disbursement Public Relations Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.4845

Memo Item

B. RP Public Relations

Full Name (Last, First, Middle Initial)
Mailing Address 77 Water St.

City New York State NY Zip Code 10005

Purpose of Disbursement Public Relations Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1750.00

Transaction ID : SB17.4849

Memo Item

C. RP Public Relations

Full Name (Last, First, Middle Initial)
Mailing Address 77 Water St.

City New York State NY Zip Code 10005

Purpose of Disbursement Public Relations Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.4851

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. Steeplechase Strategies Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016	
Mailing Address 6914 Ridge Boulevard Suite A4			FEC Identification Number C	
City New York	State NY	Zip Code 11209		
Purpose of Disbursement Campaign Public Relations Consulting			Transaction ID : SB17.4835	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

Full Name (Last, First, Middle Initial) B. Steeplechase Strategies Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016	
Mailing Address 6914 Ridge Boulevard Suite A4			FEC Identification Number C	
City New York	State NY	Zip Code 11209		
Purpose of Disbursement Campaign Public Relations Consulting			Transaction ID : SB17.4838	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

Full Name (Last, First, Middle Initial) c. Steeplechase Strategies Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2016	
Mailing Address 6914 Ridge Boulevard Suite A4			FEC Identification Number C	
City New York	State NY	Zip Code 11209		
Purpose of Disbursement Campaign Public Relations Consulting			Transaction ID : SB17.4839	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Rosenthal for Congress

Full Name (Last, First, Middle Initial) A. Steeplechase Strategies Inc.			Date of Disbursement MM / DD / YYYY 08 / 05 / 2016	
Mailing Address 6914 Ridge Boulevard Suite A4			FEC Identification Number C	
City New York	State NY	Zip Code 11209	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Campaign Public Relations Consulting		Category/ Type	Transaction ID : SB17.4844	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Steeplechase Strategies Inc.			Date of Disbursement MM / DD / YYYY 08 / 29 / 2016	
Mailing Address 6914 Ridge Boulevard Suite A4			FEC Identification Number C	
City New York	State NY	Zip Code 11209	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Campaign Public Relations Consulting		Category/ Type	Transaction ID : SB17.4850	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Stonewall Veterans Association			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 70-A Greenwich Ave. Suite 120			FEC Identification Number C	
City New York	State NY	Zip Code 10011	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Event Sponsorship		Category/ Type	Transaction ID : SB17.4852	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	21128.23

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4206**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred M 03 / D 22 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4715**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
135.00	0.00	135.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 05 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	135.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4716**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 27.26	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 27.26
----------------------------------	------------------------------------	--

TERMS	Date Incurred M 04 / D 06 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	27.26
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4717**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 278.88	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 278.88
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TERMS	Date Incurred M 04 / D 06 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	278.88
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4718**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175.00	0.00	175.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 07 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	175.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4719**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 72.78	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 72.78
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TERMS	Date Incurred M 04 / D 08 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	72.78
TOTALS This Period (last page in this line only).....▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4720**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 73.54	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 73.54
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TERMS	Date Incurred M 04 / D 10 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	73.54
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4721
 Rosenthal for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSENTHAL, PHILIP JEFFREY DR., , ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T		
City NEW YORK	State NY	ZIP Code 10024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 384.16	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 384.16
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 10 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="384.16"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4722
 Rosenthal for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSENTHAL, PHILIP JEFFREY DR., , ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T		
City NEW YORK	State NY	ZIP Code 10024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33.69	0.00	33.69

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 11 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="33.69"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4723**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 187.87	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 187.87
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TERMS	Date Incurred M 04 / D 17 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	187.87
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4724**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="59.85"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="59.85"/>
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TERMS	Date Incurred <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="1/31"/> / <input type="text" value="2017"/>	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="59.85"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4725**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="60.97"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="60.97"/>
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TERMS	Date Incurred <input type="text" value="05"/> M / <input type="text" value="01"/> D / <input type="text" value="2016"/> Y	Date Due <input type="text" value="M"/> M / <input type="text" value="D"/> D / <input type="text" value="1/31/2017"/> Y	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="60.97"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4726**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="68.98"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="68.98"/>
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TERMS	Date Incurred <input type="text" value="M05"/> / <input type="text" value="D01"/> / <input type="text" value="Y 2016 Y"/>	Date Due <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y 1/31/2017 Y"/>	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="68.98"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4727**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 275.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 275.00
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TERMS	Date Incurred M 05 / D 03 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	275.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4728**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
54.98	0.00	54.98

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 08 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	54.98
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4730**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 62.60	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 62.60
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TERMS	Date Incurred M 05 / D 15 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	62.60
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4552**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="2828.58"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="2828.58"/>
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TERMS	Date Incurred <input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="1/31/2017"/>	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="2828.58"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4731**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8.00
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TERMS	Date Incurred M 05 / D 24 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	8.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4558**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1049.66	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1049.66
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TERMS	Date Incurred M 05 / D 25 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1049.66
TOTALS This Period (last page in this line only).....▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4585**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 784.90	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 784.90
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TERMS	Date Incurred M 05 / D 25 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	784.90
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4732**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 198.63	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 198.63
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TERMS	Date Incurred M 05 / D 31 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	198.63
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4733**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 261.30	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 261.30
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TERMS	Date Incurred M 06 / D 02 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	261.30
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4734**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60.03	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60.03
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TERMS	Date Incurred M 06 / D 03 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	60.03
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4735
 Rosenthal for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 45.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45.00
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TERMS	Date Incurred M 06 / D 05 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	45.00
TOTALS This Period (last page in this line only)▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4738**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 108.75	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 108.75
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TERMS	Date Incurred M 06 / D 07 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	108.75
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4753
 Rosenthal for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSENTHAL, PHILIP JEFFREY DR., , ,			Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 70.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70.25
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TERMS	Date Incurred M 06 / D 20 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	70.25
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4754**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="66.31"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="66.31"/>
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TERMS	Date Incurred <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="1/31/2017"/>	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="66.31"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4755**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 122.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 122.89
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TERMS	Date Incurred M 06 / D 22 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	122.89
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4756**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 89.71	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 89.71
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TERMS	Date Incurred M 06 / D 23 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	89.71
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4757**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
330.00	0.00	330.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 28 / Y 2016	M M / D D / Y 1/31/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	330.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4758
 Rosenthal for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSENTHAL, PHILIP JEFFREY DR., , ,			Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20.00
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TERMS Date Incurred M 06 / D 29 / Y 2016	Date Due M M / D D / Y 1/31/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	20.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Rosenthal for Congress** Transaction ID : **SC/10.4759**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENTHAL, PHILIP JEFFREY DR., , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 189 W. 89TH STREET APT. 7T			
City NEW YORK	State NY	ZIP Code 10024	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="16.32"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="16.32"/>
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TERMS	Date Incurred <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="1/31/2017"/>	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="16.32"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="33010.89"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.