

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Kathleen Rice for Congress

ADDRESS (number and street)

410 Jericho Turnpike

Suite 200

Check if different  
than previously  
reported. (ACC)

Jericho

NY

11753

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00555813

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Mr. Michael Gerard Norman

Signature of Treasurer

Mr. Michael Gerard Norman

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**Kathleen Rice for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	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))....	79836.79	98021.21
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	78836.79	96421.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	102996.60	189287.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	56.44	69.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	102940.16	189218.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	37172.44	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	86998.35	

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 46

Write or Type Committee Name

Kathleen Rice for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

**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).....

61700.00

72327.63

(ii) Unitemized.....

36.79

93.58

(iii) TOTAL of contributions from individuals ▶

61736.79

72421.21

(b) Political Party Committees.....

0.00

0.00

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

18100.00

25600.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

79836.79

98021.21

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

0.00

11500.00

## 13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

56.44

69.44

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

0.06

0.06

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

79893.29

109590.71

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 46

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	102996.60	189287.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1600.00
(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)).....	1000.00	1600.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	103996.60	190887.71

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61275.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	79893.29
25. SUBTOTAL (add Line 23 and Line 24).....	141169.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	103996.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	37172.44

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

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

FOR LINE NUMBER:

PAGE 5 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Lisa Carcaterra

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : VNW3EDJNBD7

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Lisa Carcaterra

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : VNW3EDJNBP8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Carla Concannon

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2014

Transaction ID : VNW3EDJG755

Amount of Each Receipt this Period

2600.00

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

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Carla Concannon

A.

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2014

Transaction ID : VNW3EDJK2R7

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Chris Concannon

B.

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bats

Occupation

President

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2014

Transaction ID : VNW3EDJG748

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Chris Concannon

C.

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bats

Occupation

President

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2014

Transaction ID : VNW3EDJK2S5

Amount of Each Receipt this Period

2400.00

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

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

7400.00

**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 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial)

**Ronald Edelstein****A.**

Mailing Address 365 Longwood Xing

City

Lawrence

State

NY

Zip Code

11559-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General☒ Other (specify) Debt General 2014

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2014

**Transaction ID : VNW3EDJETF0**

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

**Samantha Edelstein****B.**

Mailing Address 365 Longwood Xing

City

Lawrence

State

NY

Zip Code

11559-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General☒ Other (specify) Debt General 2014

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2014

**Transaction ID : VNW3EDJETE3**

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

**Hilary Feshbach****C.**

Mailing Address 21 Barkers Point Rd

City

Port Washington

State

NY

Zip Code

11050-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2014

**Transaction ID : VNW3EDDB287**

Amount of Each Receipt this Period

2600.00

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

7800.00

# **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 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Joseph Feshbach

Mailing Address 21 Barkers Point Rd

City

Sands Point

State

NY

Zip Code

11050-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2014

Transaction ID : VNW3EDJNBF3

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

B. James Hagedorn

Mailing Address 1 Beach Rd

City

Sands Point

State

NY

Zip Code

11050-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scotts Company

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2014

Transaction ID : VNW3EDJK2E8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Karli Hagedorn

Mailing Address 1 Beach Rd

City

Sands Point

State

NY

Zip Code

11050-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2014

Transaction ID : VNW3EDJK2F6

Amount of Each Receipt this Period

2600.00

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

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

7600.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Harvey R. Hirschfeld

A.

Mailing Address 26 Court St

LawCash

City

Brooklyn

State

NY

Zip Code

11242-0103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LawCash

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2014

Transaction ID : VNW3EDJNVP0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Jules Kroll

B.

Mailing Address 900 3rd Ave

City

New York

State

NY

Zip Code

10022-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kroll

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Debt General 2014

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2014

Transaction ID : VNW3EDE4XV3

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

Lynn Kroll

C.

Mailing Address 18 Parsonage Pt

City

Rye

State

NY

Zip Code

10580-3137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Debt General 2014

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2014

Transaction ID : VNW3EDE4XR9

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

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

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Thomas P. Lane

A.

Mailing Address 443 W 24th St

City

New York

State

NY

Zip Code

10011-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2014

Transaction ID : VNW3EDCMDW7

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Thomas P. Lane

B.

Mailing Address 443 W 24th St

City

New York

State

NY

Zip Code

10011-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2014

Transaction ID : VNW3EDCMEH3

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Lisa J. Lourie

C.

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2014

Transaction ID : VNW3EDJF7F6

Amount of Each Receipt this Period

2600.00

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

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

7800.00

**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 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial)

**A. Lisa J. Lourie**

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2014

Transaction ID : VNW3EDJK2W9

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. Robert Lourie**

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Renaissance Tech

Occupation

Finance

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2014

Transaction ID : VNW3EDJCS44

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. Robert Lourie**

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Renaissance Tech

Occupation

Finance

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2014

Transaction ID : VNW3EDJCTD7

Amount of Each Receipt this Period

2600.00

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Steven M. Napolitano

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Nationwide Tilt Agency LLC

Occupation

CEO

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : VNW3EDJNBB1

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Steven M. Napolitano

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Nationwide Tilt Agency LLC

Occupation

CEO

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : VNW3EDJNBB1

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Babak Zar

Mailing Address 9 Fir Dr

City

Kings Point

State

NY

Zip Code

11024-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Zar Group

Occupation

Receipt For: 2014

☐ Primary  
☒ Other (specify)
☐ General Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2014

Transaction ID : VNW3EDCMGM0

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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

7700.00

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

61700.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Aflac PAC

Mailing Address Worldwide Headquarters  
 1932 Wynnton Road

City	State	Zip Code
Columbus	GA	31999-0001

FEC ID number of contributing federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Debt General 2014

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : VNW3EDE4XW1

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. Comcast Corporation Political Action Committee

Mailing Address 1701 John F Kennedy Blvd  
 FI 49

City	State	Zip Code
Philadelphia	PA	19103-2855

FEC ID number of contributing federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2014

Transaction ID : VNW3EDDWZS8

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

C. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-1519

FEC ID number of contributing federal political committee.

C C00318931

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2014

Transaction ID : VNW3EDJK2N4

Amount of Each Receipt this Period

2000.00

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

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

5500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 46

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial)

**Friends Of Carolyn McCarthy**

Mailing Address 151 Linden Rd

City

Mineola

State

NY

Zip Code

11501-1519

FEC ID number of contributing  
federal political committee.**C** C00318931

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2014

Transaction ID : VNW3EDJK2P2

Amount of Each Receipt this Period

2000.00

**A.**

Full Name (Last, First, Middle Initial)

**Motorola Solutions, Inc PAC**Mailing Address 1455 Pennsylvania Ave NW  
Ste 900

City

Washington

State

DC

Zip Code

20004-1016

FEC ID number of contributing  
federal political committee.**C** C00075341

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☒ Other (specify)
☐ General  
Debt General 2014

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2014

Transaction ID : VNW3EDF8V90

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

**B.**

Full Name (Last, First, Middle Initial)

**National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20005-4171

FEC ID number of contributing  
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☒ Other (specify)
☐ General  
Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2014

Transaction ID : VNW3EDDWZV4

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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

5500.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 46

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial)

**A. National Association of Real Estate Investment Trusts**

Mailing Address 1875 I St NW

Ste 600

City

Washington

State

DC

Zip Code

20006-5413

FEC ID number of contributing  
federal political committee.

C

C00303339

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 16 2014

Transaction ID : VNW3EDJ9X31

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

**B. National Emergency Medicine PAC**

Mailing Address PO Box 619911

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing  
federal political committee.

C

C00140061

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Debt General 2014

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 26 2014

Transaction ID : VNW3EDCMGG9

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

**C. Publishers Clearing House PAC**

Mailing Address 382 Channel Dr

City

Port Washington

State

NY

Zip Code

11050-2219

FEC ID number of contributing  
federal political committee.

C

C00343426

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Debt General 2014

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 11 2014

Transaction ID : VNW3EDF8XQ4

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

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

6100.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 46

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial)

**Tile Marble & Terrazzo BAC Local 7 PAC Fund**

Mailing Address 4534 Court Sq

City

Long Island City

State

NY

Zip Code

11101-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2014

Transaction ID : VNW3EDCMGB9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

1000.00

18100.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. American Community Bank**

Mailing Address 300 Glen St

City	State	Zip Code
Glen Cove	NY	11542-3070

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	4

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : VNV469R8CY1

**B. American Community Bank**

Mailing Address 300 Glen St

City	State	Zip Code
Glen Cove	NY	11542-3070

Purpose of Disbursement  
Credit Card Processing fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	4

Amount of Each Disbursement this Period

1588.85
---------

Transaction ID : VNV469R8BT8

**c. Gregory Brodersen**

Mailing Address 258 Raymond Fish Rd

City	State	Zip Code
Hartwick	NY	13348-2810

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	4

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : VNV469R8C87

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

2368.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Coliseum Caterers**

Mailing Address 1150 Hempstead Tpke

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

City	State	Zip Code
Uniondale	NY	11553-1229

Amount of Each Disbursement this Period

2388.56
---------

Purpose of Disbursement  
Food and Beverage

001

Transaction ID : VNV469R8C22

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Steven Coyle**

Mailing Address 9 Hilltop Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

City	State	Zip Code
Bethpage	NY	11714-4614

Amount of Each Disbursement this Period

1250.00
---------

Purpose of Disbursement  
SalaryCategory/  
Type

Transaction ID : VNV469R8D14

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Garden City Hotel**

Mailing Address 45 7th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

City	State	Zip Code
Garden City	NY	11530-2890

Amount of Each Disbursement this Period

1844.87
---------

Purpose of Disbursement  
Election Night Lodging and Expenses

001

Transaction ID : VNV469R8D56

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

5483.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Howard Heyman**

Mailing Address 23 Sylvan Pl

City	State	Zip Code
Montclair	NJ	07042-3809

Purpose of Disbursement  
Photography for Event

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : VNV469R8C95

**B. Max Kramer**

Mailing Address 2856 Rockaway Ave

City	State	Zip Code
Oceanside	NY	11572-1017

Purpose of Disbursement  
Salary

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNV469R8CA3

**c. Max Kramer**

Mailing Address 2856 Rockaway Ave

City	State	Zip Code
Oceanside	NY	11572-1017

Purpose of Disbursement  
Reimbursement-Meals, transportation, office supplies,

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

854.45
--------

Transaction ID : VNV469R8CD6

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

3604.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. B.K. Sweeney's Uptown Grille**

Mailing Address 636 Franklin Ave

City	State	Zip Code
Garden City	NY	11530-5729

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

361.74
--------

Transaction ID : VNV469R97R2

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Max Kramer**

Mailing Address 2856 Rockaway Ave

City	State	Zip Code
Oceanside	NY	11572-1017

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNV469R8CC9

Full Name (Last, First, Middle Initial)

**C. Max Kramer**

Mailing Address 2856 Rockaway Ave

City	State	Zip Code
Oceanside	NY	11572-1017

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNV469R8CB1

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

4000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Ed Laborde**

Mailing Address 505 Liberty St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

City	State	Zip Code
Uniondale	NY	11553-2315

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
Salary-Bonus

001

Transaction ID : VNV469R8C63

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Coleman Lamb**Mailing Address 139 S Kensington Ave  
FL 2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

City	State	Zip Code
Rockville Centre	NY	11570-5615

Amount of Each Disbursement this Period

1625.00
---------

Purpose of Disbursement  
Salary

001

Transaction ID : VNV469R8C14

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Coleman Lamb**Mailing Address 139 S Kensington Ave  
FL 2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

City	State	Zip Code
Rockville Centre	NY	11570-5615

Amount of Each Disbursement this Period

1625.00
---------

Purpose of Disbursement  
Salary

001

Transaction ID : VNV469R8BZ8

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

7250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Coleman Lamb**Mailing Address 139 S Kensington Ave  
FI 2City State Zip Code  
Rockville Centre NY 11570-5615Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

1625.00
---------

Transaction ID : VNV469R8BY0

**B. Oxford Health**

Mailing Address PO Box 1697

City State Zip Code  
Newark NJ 07101-1697Purpose of Disbursement  
Healthcare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

648.61
--------

Transaction ID : VNV469R8CJ6

**c. Oxford Health**

Mailing Address PO Box 1697

City State Zip Code  
Newark NJ 07101-1697Purpose of Disbursement  
Healthcare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2014

Amount of Each Disbursement this Period

648.61
--------

Transaction ID : VNV469R8CK4

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

2922.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Patricia Schneider Design Consultants**

Mailing Address PO Box 234584

City	State	Zip Code
Great Neck	NY	11023-4584

Purpose of Disbursement  
Campaign Materials- T-shirt

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

466.00
--------

Transaction ID : VNV469R8DG3

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

1134.95
---------

Transaction ID : VNV469R8CN0

**c. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Processing FeesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

110.90
--------

Transaction ID : VNV469R8CP8

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

1711.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

640.69
--------

Transaction ID : VNV469R8CQ5

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Processing FeesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

104.00
--------

Transaction ID : VNV469R8CR3

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

640.69
--------

Transaction ID : VNV469R8CS1

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

1385.38



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2396

Purpose of Disbursement  
Payroll Processing Fees

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

154.00
--------

Transaction ID : VNV469R8CT9

**B. Eric Phillips**Mailing Address 190 Bleecker St  
Apt 26

City	State	Zip Code
New York	NY	10012-1414

Purpose of Disbursement  
Reimbursement-Meals, transportation lodging

001

Category/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

2898.46
---------

Transaction ID : VNV469R8CT1

**c. Delta Airlines**

Mailing Address PO Box 20980

City	State	Zip Code
Atlanta	GA	30320-0980

Purpose of Disbursement  
Airline TicketsCategory/  
Type

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

187.10
--------

Transaction ID : VNV469R98P7

[MEMO ITEM]

\*

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

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

3052.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. ELRAC LLC**

Mailing Address 221 Thompson St

City	State	Zip Code
New York	NY	10012-2694

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

273.32
--------

Transaction ID : VNV469R98R3

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Garden City Hotel**

Mailing Address 45 7th St

City	State	Zip Code
Garden City	NY	11530-2890

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

832.65
--------

Transaction ID : VNV469R98S1

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**c. The Capital Grille**

Mailing Address 120 Broadway

City	State	Zip Code
New York	NY	10271-0099

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

1296.80
---------

Transaction ID : VNV469R98M1

[MEMO ITEM]

\*

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

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. SKD Knickerbocker**Mailing Address 594 Broadway  
Rm 805City State Zip Code  
New York NY 10012-3257Purpose of Disbursement  
Electronic Media Buy

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

26708.84
----------

Transaction ID : VNV469R8BM1

**B. SKD Knickerbocker**Mailing Address 594 Broadway  
Rm 805City State Zip Code  
New York NY 10012-3257Purpose of Disbursement  
Electronic Media Buy

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

13354.42
----------

Transaction ID : VNV469R8CZ9

**c. SKD Knickerbocker**Mailing Address 594 Broadway  
Rm 805City State Zip Code  
New York NY 10012-3257Purpose of Disbursement  
Electronic Media BuyCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2014

Amount of Each Disbursement this Period

13354.42
----------

Transaction ID : VNV469R8D07

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

53417.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Stones' Phones**Mailing Address 1309 F St NW  
# 200

City Washington State DC Zip Code 20004-1183

Purpose of Disbursement  
Voided check-Post Gen 2014

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

-3216.04
----------

Transaction ID : VNV469R8D22

**B. The Conrad Group**Mailing Address 410 1st St SE  
Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : VNV469R8D30

**c. The County of Nassau**

Mailing Address 262 Old Country Rd

City Mineola State NY Zip Code 11501-4277

Purpose of Disbursement  
Voided check- Never cashed-Pre Prim 2014

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2014

Amount of Each Disbursement this Period

-10000.00
-----------

Transaction ID : VNV469R8D48

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

-10216.04
-----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Town of North Hempstead**

Mailing Address 220 Plandome Rd

City	State	Zip Code
Manhasset	NY	11030-2327

Purpose of Disbursement  
Facility Rental

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : VNV469R8D64

**B. Tri Star Graphics Inc.**Mailing Address PO Box 7013  
11 Red Maple Drive North

City	State	Zip Code
Wantagh	NY	11793-0613

Purpose of Disbursement  
Printing

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

3250.06
---------

Transaction ID : VNV469R8D72

**c. Tri Star Graphics Inc.**Mailing Address PO Box 7013  
11 Red Maple Drive North

City	State	Zip Code
Wantagh	NY	11793-0613

Purpose of Disbursement  
Printing

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2014

Amount of Each Disbursement this Period

1330.66
---------

Transaction ID : VNV469R8D80

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

5180.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Tri Star Graphics Inc.**

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2014

Amount of Each Disbursement this Period

1388.88
---------

Transaction ID : VNV469R8D98

**B. Tri Star Graphics Inc.**

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

4108.51
---------

Transaction ID : VNV469R8DA6

**c. Robert Troiano**

Mailing Address 709 Franklin St

City

Westbury

State

NY

Zip Code

11590-2411

Purpose of Disbursement

Reimbursement

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

402.71
--------

Transaction ID : VNV469R8CX3

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

5900.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Wheatley Hills Discount**

Mailing Address 193 Post Ave

City	State	Zip Code
Westbury	NY	11590-3100

Purpose of Disbursement  
Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

Amount of Each Disbursement this Period

265.98
--------

Transaction ID : VNV469R97Z7

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Tucker Green Consulting, Inc.**

Mailing Address 30 Broad St

City	State	Zip Code
New York	NY	10004-2909

Purpose of Disbursement  
Reimbursements

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

954.98
--------

Transaction ID : VNV469R8DB3

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Ed's Chowder House**

Mailing Address 44 W 63rd St

City	State	Zip Code
New York	NY	10023-7029

Purpose of Disbursement  
Food and Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

586.39
--------

Transaction ID : VNV469R9821

[MEMO ITEM]

\*

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

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

954.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. FedEx.com**

Mailing Address 3965 Airways Blvd

City	State	Zip Code
Memphis	TN	38116-5017

Purpose of Disbursement  
Overnight Delivery Service

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

208.99
--------

Transaction ID : VNV469R9847

[MEMO ITEM]

\*

**B. Tucker Green Consulting, Inc.**

Mailing Address 30 Broad St

City	State	Zip Code
New York	NY	10004-2909

Purpose of Disbursement  
Reimbursements

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

884.27
--------

Transaction ID : VNV469R8DC1

**C. FedEx.com**

Mailing Address 3965 Airways Blvd

City	State	Zip Code
Memphis	TN	38116-5017

Purpose of Disbursement  
Overnight Delivery Service

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

66.67
-------

Transaction ID : VNV469R98C8

[MEMO ITEM]

\*

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

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

884.27



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. The Hyatt Regency**

Mailing Address 400 New Jersey Ave NW

City	State	Zip Code
Washington	DC	20001-2002

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

798.60
--------

Transaction ID : VNV469R98B2

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Tucker Green Consulting, Inc.**

Mailing Address 30 Broad St

City	State	Zip Code
New York	NY	10004-2909

Purpose of Disbursement  
Expenses-Overnight Delivery Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

67.95
-------

Transaction ID : VNV469R9HQ6

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. FedEx.com**

Mailing Address 3965 Airways Blvd

City	State	Zip Code
Memphis	TN	38116-5017

Purpose of Disbursement  
Overnight Delivery Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

67.95
-------

Transaction ID : VNV469R9HR2

[MEMO ITEM]

\*

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

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

67.95
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address 55 Glenlake Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

City	State	Zip Code
Atlanta	GA	30328-3474

Amount of Each Disbursement this Period

64.82
-------

Purpose of Disbursement  
Shipping

001

Transaction ID : VNV469R8BK3

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address 55 Glenlake Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2014

City	State	Zip Code
Atlanta	GA	30328-3474

Amount of Each Disbursement this Period

61.59
-------

Purpose of Disbursement  
Shipping

001

Transaction ID : VNV469R8DD9

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Amanda Walsh**

Mailing Address 42 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

City	State	Zip Code
Garden City	NY	11530-4428

Amount of Each Disbursement this Period

1750.00
---------

Purpose of Disbursement  
Salary

001

Transaction ID : VNV469R8BN9

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1876.41

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Amanda Walsh**

Mailing Address 42 Hilton Ave

City	State	Zip Code
Garden City	NY	11530-4428

Purpose of Disbursement  
Salary

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : VNV469R8BP7

**B. Amanda Walsh**

Mailing Address 42 Hilton Ave

City	State	Zip Code
Garden City	NY	11530-4428

Purpose of Disbursement  
SalaryCategory/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : VNV469R8BQ5

**C. Amanda Walsh**

Mailing Address 42 Hilton Ave

City	State	Zip Code
Garden City	NY	11530-4428

Purpose of Disbursement  
Reimbursement-Travel Expense-Car Rental

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

70.75
-------

Transaction ID : VNV469R8BR3

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

3570.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Amanda Walsh**

Mailing Address 42 Hilton Ave

City	State	Zip Code
Garden City	NY	11530-4428

Purpose of Disbursement  
Reimbursement-Airline Tickets

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

323.30
--------

Transaction ID : VNV469R8BS0

**B. Delta Airlines**

Mailing Address PO Box 20980

City	State	Zip Code
Atlanta	GA	30320-0980

Purpose of Disbursement  
Airline TicketsCategory/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

323.20
--------

Transaction ID : VNV469R97V6

[MEMO ITEM]

\*

**c. Brittany Wise**

Mailing Address 330 E 39th St

City	State	Zip Code
New York	NY	10016-2187

Purpose of Disbursement  
Salary

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : VNV469R8BV6

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

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

3323.30



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 46

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

**A. Publishers Clearing House**

Mailing Address 382 Channel Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2014

City	State	Zip Code
Port Washington	NY	11050-2219

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

003

Transaction ID : VNV469R8CW5

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1000.00

1000.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Carpenters' Legislative Improvement Committee**

Nature of Debt (Purpose):

Contribution Refund

Mailing Address 101 Constitution Ave NW  
10TH FLOOR WESTCity State Zip Code  
Washington DC 20001-2133

Outstanding Balance Beginning This Period

5000.00

Transaction ID : VNS5P9H6Q08

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Coliseum Caterers**

Nature of Debt (Purpose):

Event Catering

Mailing Address 1150 Hempstead Tpke

City State Zip Code  
Uniondale NY 11553-1229

Outstanding Balance Beginning This Period

2388.56

Transaction ID : VNS5P9H6PY2

Amount Incurred This Period

0.00

Payment This Period

2388.56

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Howard Heyman**

Nature of Debt (Purpose):

Election Night Photography

Mailing Address 23 Sylvan Pl

City State Zip Code  
Montclair NJ 07042-3809

Outstanding Balance Beginning This Period

750.00

Transaction ID : VNS5P9H6PN1

Amount Incurred This Period

0.00

Payment This Period

750.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5000.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Iacic Management**

Nature of Debt (Purpose):

Field Office Rent

Mailing Address 365 Stewart Ave  
Apt B5City State Zip Code  
Garden City NY 11530-4508

Outstanding Balance Beginning This Period

1400.00

Transaction ID : VNS5P9H6PR5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Max Kramer**

Nature of Debt (Purpose):

Reimbursement - Supplies, Travel, Food &amp; Beverage

Mailing Address 2856 Rockaway Ave

City State Zip Code  
Oceanside NY 11572-1017

Outstanding Balance Beginning This Period

854.45

Transaction ID : VNS5P9H6PT1

Amount Incurred This Period

0.00

Payment This Period

854.45

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ed Laborde**

Nature of Debt (Purpose):

Salary - Bonus

Mailing Address 505 Liberty St

City State Zip Code  
Uniondale NY 11553-2315

Outstanding Balance Beginning This Period

7000.00

Transaction ID : VNS5P9H6QG4

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

4400.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mash Business Systems Corporation**

Nature of Debt (Purpose):

Fax/Copier/Printer

Mailing Address 1 Enterprise Pl

City State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

463.01

Transaction ID : VNS5P9H6PW6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

463.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mash Business Systems Corporation**

Nature of Debt (Purpose):

Fax/Copier/Printer

Mailing Address 1 Enterprise Pl

City State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

75.00

Transaction ID : VNS5P9H6PX4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Maria Mastromatteo**

Nature of Debt (Purpose):

Reimbursement - Field Office Utilities

Mailing Address 38 Euston Rd

City

State

Zip Code

Garden City

NY

11530-4129

Outstanding Balance Beginning This Period

1660.34

Transaction ID : VNS5P9H6PV8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1660.34

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2198.35

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Michael Gerard Norman, CPA PC**

Nature of Debt (Purpose):

Accounting Fees

Mailing Address 410 Jericho Tpke  
Ste 303City State Zip Code  
Jericho NY 11753-1318

Outstanding Balance Beginning This Period

7150.00

Transaction ID : VNS5P9H6PG2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NGP Van, Inc.**

Nature of Debt (Purpose):

Software

Mailing Address 1101 15th St NW  
Ste 500City State Zip Code  
Washington DC 20005-5006

Outstanding Balance Beginning This Period

2500.00

Transaction ID : VNS5P9H6PM3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Patricia Schneider Design Consultants**

Nature of Debt (Purpose):

Campaign Materials - T-Shirts

Mailing Address PO Box 234584

City State Zip Code  
Great Neck NY 11023-4584

Outstanding Balance Beginning This Period

466.00

Transaction ID : VNS5P9H6PP9

Amount Incurred This Period

0.00

Payment This Period

466.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

9650.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Eric Phillips**Nature of Debt (Purpose):  
Media Consulting - BonusMailing Address 190 Bleecker St  
Apt 26City State Zip Code  
New York NY 10012-1414

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6QF6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sandler Reiff Lamb Rosenstein & Birkenstock, P.C.**Nature of Debt (Purpose):  
Legal FeesMailing Address 1025 Vermont Ave NW  
Ste 300City State Zip Code  
Washington DC 20005-6302

Outstanding Balance Beginning This Period

3000.00

Transaction ID : VNS5P9H6PH9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SKD Knickerbocker**Nature of Debt (Purpose):  
Electronic Media BuyMailing Address 594 Broadway  
Rm 805City State Zip Code  
New York NY 10012-3257

Outstanding Balance Beginning This Period

53417.68

Transaction ID : VNS5P9H6PC0

Amount Incurred This Period

0.00

Payment This Period

53417.68

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

18000.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SKD Knickerbocker**

Nature of Debt (Purpose):

Media Consulting

Mailing Address 594 Broadway  
Rm 805

City State

Zip Code

New York

NY

10012-3257

Outstanding Balance Beginning This Period

12000.00

Transaction ID : VNS5P9H6PF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Conrad Group**

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 410 1st St SE  
Ste 310

City State

Zip Code

Washington

DC

20003-1819

Outstanding Balance Beginning This Period

3000.00

Transaction ID : VNS5P9H6PK5

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tri Star Graphics Inc.**

Nature of Debt (Purpose):

Printing

Mailing Address PO Box 7013  
11 Red Maple Drive North

City

State

Zip Code

Wantagh

NY

11793-0613

Outstanding Balance Beginning This Period

3250.06

Transaction ID : VNS5P9H6PJ7

Amount Incurred This Period

0.00

Payment This Period

3250.06

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

12000.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 45 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tri Star Graphics Inc.**

Nature of Debt (Purpose):

Printing

Mailing Address PO Box 7013

11 Red Maple Drive North

City State

Zip Code

Wantagh

NY

11793-0613

Outstanding Balance Beginning This Period

1330.66

Transaction ID : VNS5P9H6PQ7

Amount Incurred This Period

0.00

Payment This Period

1330.66

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Robert Troiano**

Nature of Debt (Purpose):

Reimbursement - Event Food &amp; Beverage

Mailing Address 709 Franklin St

City State

Zip Code

Westbury

NY

11590-2411

Outstanding Balance Beginning This Period

402.71

Transaction ID : VNS5P9H6PZ0

Amount Incurred This Period

0.00

Payment This Period

402.71

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tucker Green Consulting, Inc.**

Nature of Debt (Purpose):

Fundraising Consulting - Bonus

Mailing Address 30 Broad St

City

State

Zip Code

New York

NY

10004-2909

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6QE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 46 OF 46

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Tucker Green Consulting, Inc.**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address 30 Broad St

City State Zip Code  
New York NY 10004-2909

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6PD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Tucker Green Consulting, Inc.**Nature of Debt (Purpose):  
Reimbursement - Travel, Food & Beverage,  
Shipping

Mailing Address 30 Broad St

City State Zip Code  
New York NY 10004-2909

Outstanding Balance Beginning This Period

954.98

Transaction ID : VNS5P9H6PE6

Amount Incurred This Period

0.00

Payment This Period

954.98

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mark Warren**Nature of Debt (Purpose):  
Salary - Bonus

Mailing Address 121 Greenlawn Ave

City State Zip Code  
Middlesex NJ 08846-2302

Outstanding Balance Beginning This Period

5750.00

Transaction ID : VNS5P9H6QH2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5750.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

20750.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

86998.35

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

86998.35