

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) PO Box 744
 Check if different than previously reported. (ACC) Mineola NY 11501

2. **FEC IDENTIFICATION NUMBER** ▼ C C00555813 3. IS THIS REPORT NEW (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 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 2016

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 Margaret May

Signature of Treasurer Margaret May *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 2016

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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kathleen Rice 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)).... | 243518.66 | 1542505.61 |
| (b) Total Contribution Refunds (from Line 20(d)) | 2560.00 | 10745.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 240958.66 | 1531760.61 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 114740.33 | 951121.95 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 25995.15 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 114740.33 | 925126.80 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 800759.04 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kathleen Rice 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)..... | 179115.00 | 1097438.63 |
| (ii) Unitemized..... | 10389.65 | 38639.73 |
| (iii) TOTAL of contributions from individuals ▶ | 189504.65 | 1136078.36 |
| (b) Political Party Committees..... | 14.01 | 36.94 |
| (c) Other Political Committees (such as PACs)..... | 54000.00 | 406390.31 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 243518.66 | 1542505.61 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 395.16 | 92020.85 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 25995.15 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 1.86 | 2.90 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 243915.68 | 1660524.51 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 114740.33 | 951121.95 |
| 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 | 2560.00 | 5745.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 5000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 2560.00 | 10745.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 117300.33 | 961866.95 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 674143.69 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 243915.68 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 918059.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 117300.33 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 800759.04 |

**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 130 |
| | <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 | |

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

A. Full Name (Last, First, Middle Initial)
535 Montauk Associates LLC

Mailing Address 151 Irving Pl

City Woodmere State NY Zip Code 11598-1223

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8B77

Amount of Each Receipt this Period
2700.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 202 Woodside Dr

City Hewlett State NY Zip Code 11557-2418

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

Name of Employer Occupation
Basser Kaufman, Inc. Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8B85

Amount of Each Receipt this Period
1350.00

Memo Item

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

Mailing Address 1325 Huckleberry Ln

City Hewlett State NY Zip Code 11557-2706

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

Name of Employer Occupation
Basser Kaufman Principle

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8B93

Amount of Each Receipt this Period
1350.00

Memo Item

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

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

2700.00

**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 6 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Ainslie

Mailing Address 83 Piping Rock Rd

City State Zip Code
Glen Head NY 11545-2805

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

Name of Employer Occupation
N/A Interior Designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9WDB7

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 83 Piping Rock Rd

City State Zip Code
Glen Head NY 11545-2805

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

Name of Employer Occupation
Maverick Capital Founder/Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9WDD3

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 83 Piping Rock Rd

City State Zip Code
Glen Head NY 11545-2805

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

Name of Employer Occupation
Maverick Capital Founder/Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9WDE1

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

**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 7 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Marilyn A. Albanese

Mailing Address 747 Remsens Ln

City State Zip Code
Oyster Bay NY 11771-4505

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

Name of Employer Occupation
Self-Employed RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : VNW3EE9N0P3

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark E. Alter

Mailing Address PO Box 122

City State Zip Code
Massapequa NY 11758-0122

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

Name of Employer Occupation
Law Offices of Mark Alter Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8BH4

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8BH4E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2100.00

**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 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Philip S. Altheim

Mailing Address 270 Pond Xing

City State Zip Code
Lawrence NY 11559-2000

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

Name of Employer Occupation
Gesher VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA4CD3

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 12151 Fairfax Station Rd

City State Zip Code
Fairfax Station VA 22039-1212

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MQP5

Amount of Each Receipt this Period
 800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jake F. Aronov

Mailing Address PO Box 235000

City State Zip Code
Montgomery AL 36123-5000

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

Name of Employer Occupation
Aronov Realty Management Inc. President and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PQY5

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

4000.00

**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 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Emil Assentato

Mailing Address 141 Piping Rock Rd

City State Zip Code
Locust Valley NY 11560-2508

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

Name of Employer Occupation
Tradition North America Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : VNW3EE9KRC6

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Virginia H. Baker

Mailing Address 1716 Bath St
Apt 3

City State Zip Code
Santa Barbara CA 93101-2965

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

Name of Employer Occupation
N/A Retired

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
03 / 21 / 2016

Transaction ID : VNW3EE98PM3

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Eddy Benoit Jr.

Mailing Address 2170 Heathermoor Hill Dr

City State Zip Code
Marietta GA 30062-6504

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

Name of Employer Occupation
The Benoit Group Commercial Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : VNW3EE9PR19

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1600.00

**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 10 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth J. Bialkin

Mailing Address 4 Times Sq
FI 44

City State Zip Code
New York NY 10036-6518

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

Name of Employer Occupation
Skadden Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : VNW3EE9RT98

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ottavio Francis Biondi Jr.

Mailing Address 730 Park Ave
Apt 10A

City State Zip Code
New York NY 10021-4945

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

Name of Employer Occupation
King Street Capital Management, LP Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEANER9

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 77 Hampton Rd

City State Zip Code
Garden City NY 11530-2709

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

Name of Employer Occupation
N/A Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : VNW3EEA8BP4

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

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

4200.00

**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 11 OF 130 |
| | <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)
Kathleen Rice for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8BP4E
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Henry Blumner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173A 2nd Ave Ste 122
 City New York State NY Zip Code 10065-8293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Self-Employed Real Estate
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : VNW3EE4W3S9
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Gina Boonshoft
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 W 104th St
 City New York State NY Zip Code 10025-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation N/A Freelance Film/TV Production
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016
Transaction ID : VNW3EE88JG0
 Amount of Each Receipt this Period
 50.00
 Memo Item
 * Earmarked Contribution: See Below

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

550.00

**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 12 OF 130 |
| | <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)
Kathleen Rice for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016
Transaction ID : VNW3EE88JG0E
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Gina Boonshoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 W 104th St
 City New York State NY Zip Code 10025-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Freelance Film/TV Production
 N/A
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : VNW3EE88KY1
 Amount of Each Receipt this Period
 65.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016
Transaction ID : VNW3EE88KY1E
 Amount of Each Receipt this Period
 65.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

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

65.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 130

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Pamela J. Braden

Mailing Address 80 M St SE
 Ste 600

City Washington State DC Zip Code 20003-3544

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

Name of Employer Gryphon Technologies LC Occupation Founder/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016

Transaction ID : VNW3EE5K117

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Pamela J. Braden

Mailing Address 80 M St SE
 Ste 600

City Washington State DC Zip Code 20003-3544

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

Name of Employer Gryphon Technologies LC Occupation Founder/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016

Transaction ID : VNW3EE5MD91

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 16 Huntington Rd

City Garden City State NY Zip Code 11530-3015

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
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : VNW3EE98K40

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

5900.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 130

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Daniel J Bumgardner

Mailing Address 64 Hanson Rd

City Darien State CT Zip Code 06820-2503

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

Name of Employer Wells Fargo Occupation Banking

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : VNW3EE7P5A3

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 250 yard drive

City Locust Valley State NY Zip Code 11560

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EE9RW75

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert L. Carroll

Mailing Address 560 W Broadway Apt 6B

City Long Beach State NY Zip Code 11561-3008

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 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MTV0

Amount of Each Receipt this Period
 50.00

Memo Item

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

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

3750.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 130

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Frank Castagna

Mailing Address 2110 Northern Blvd
 Castagna Realty Co.

City Manhasset State NY Zip Code 11030-3500

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

Name of Employer Castagna Realty Co., Inc. Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MVJ2

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 2110 Northern Blvd
 Castagna Realty Co.

City Manhasset State NY Zip Code 11030-3500

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
 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MVK0

Amount of Each Receipt this Period
 2300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert B Catell

Mailing Address 62 Osborne Rd

City Garden City State NY Zip Code 11530-3127

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
 3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EEA8BQ2

Amount of Each Receipt this Period
 1000.00

Memo Item

* Earmarked Contribution: See Below

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 130
(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

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : VNW3EEA8BQ2E

Amount of Each Receipt this Period
 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1883 Waltham Cir

City State Zip Code
Marietta GA 30062-8129

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

Name of Employer Occupation
Coca-Cola Group Director, Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 26 2016

Transaction ID : VNW3EE9FZN4

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert W Chasanoff

Mailing Address 2 Jericho Plz
Ste 150

City State Zip Code
Jericho NY 11753-1661

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 16 2016

Transaction ID : VNW3EE713S1

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

3200.00

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

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

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

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Robert W Chasanoff

Mailing Address 2 Jericho Plz
Ste 150

City Jericho State NY Zip Code 11753-1661

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
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : VNW3EE713T9

Amount of Each Receipt this Period
2300.00

Memo Item

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

Mailing Address 35 Prospect Park W
Ph D

City Brooklyn State NY Zip Code 11215-7807

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

Name of Employer McDermott, Will & Emery, LLP Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : VNW3EE949R7

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 200 E 57th St
Apt 4F

City New York State NY Zip Code 10022-2863

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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4W3W3

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 18 OF 130
(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

A. Full Name (Last, First, Middle Initial)
Milton Cooper

Mailing Address 3333 New Hyde Park Rd

City State Zip Code
New Hyde Park NY 11042-1204

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

Name of Employer Occupation
Kimco Realty Corporation Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : VNW3EE9EG33

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Denis F Cronin

Mailing Address 1295 Northern Blvd

City State Zip Code
Manhasset NY 11030-3035

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

Name of Employer Occupation
Royalnest Corp. Attorney/Real Estate Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016

Transaction ID : VNW3EE5JVR4

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 464 Shawmut Ave
Apt 3

City State Zip Code
Boston MA 02118-3836

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

Name of Employer Occupation
McKeen Fund Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8BS8

Amount of Each Receipt this Period
 100.00

Memo Item

* Earmarked Contribution: See Below

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

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

3800.00

**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 19 OF 130 |
| | <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)
Kathleen Rice for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8BS8E
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Davidoff Hutcher & Citron LLP
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 3rd Ave FI 34
 City New York State NY Zip Code 10158-3499
 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 / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEAE9N0
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 LLC - Members below if itemized. Permissible funds.

C. Steve Malito
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Cathedral Ave
 City Garden City State NY Zip Code 11530-4433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Davidoff Malito & Hutcher LLP Chair
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEAE9P8
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

1000.00

**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 20 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ann L. Davis

Mailing Address 2450 W Wesley Rd NW

City Atlanta State GA Zip Code 30327-2032

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

Name of Employer N/A Occupation Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PR27

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 30 W 63rd St Apt 27A

City New York State NY Zip Code 10023-7123

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4W3P5

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Elizabeth A. Davis

Mailing Address 1175 W Brookhaven Dr NE

City Brookhaven State GA Zip Code 30319-3010

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

Name of Employer RNDC, LLC Occupation PR Exec

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PR42

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jay M. Davis

Mailing Address 2450 W Wesley Rd NW

City Atlanta State GA Zip Code 30327-2032

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

Name of Employer National Distributing Company Occupation Chairman and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PR68

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Daniel P. Deegan

Mailing Address 245 12th Ave

City Sea Cliff State NY Zip Code 11579-1021

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

Name of Employer Forchelli, Curto, Deegan Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MVM8

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 262 Central Park W

City New York State NY Zip Code 10024-3512

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

Name of Employer Degan Paper Occupation Sales of Corrugated Containers and Pac

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4VBK1

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

**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 22 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Donald Zucker Company, LLC

Mailing Address 103 W 55th St

City State Zip Code
New York NY 10019-5306

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEAE9Q6

Amount of Each Receipt this Period
2700.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 101 W 55th St # 2

City State Zip Code
New York NY 10019-5343

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

Name of Employer Occupation
Donald Zucker Company Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEAE9S2

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Alan Z. Engel

Mailing Address PO Box 3128

City State Zip Code
Jasper AL 35502-3128

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

Name of Employer Occupation
Crowne Partners Inc. Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PR76

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3200.00

**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 23 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ilene Engel

Mailing Address 1057 Arbor Trce NE

City Brookhaven State GA Zip Code 30319-5381

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2016

Transaction ID : VNW3EE9FYG2

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 192 Cranberry Ct

City Melville State NY Zip Code 11747-8702

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

Name of Employer Todd Mitchell Associates Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MVN6

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Linda A. Fairstein

Mailing Address 130 E End Ave Apt PHB

City New York State NY Zip Code 10028-7553

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

Name of Employer Self-Employed Occupation Attorney & Author

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98T77

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

**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 24 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Halley S Faust

Mailing Address 1260 Vallecita Dr

City Santa Fe State NM Zip Code 87501-8803

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

Name of Employer Jerome Capital LLC Occupation Venture Capital

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016

Transaction ID : VNW3EE4SD26

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Scott A. Fisher

Mailing Address 4193 River Cliff Chase SE

City Marietta State GA Zip Code 30067-4744

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

Name of Employer Arnall, Golden, Gregory Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PR84

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 205 Circle Dr

City Manhasset State NY Zip Code 11030-1100

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : VNW3EE5QVW6

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

**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 25 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Sander A. Flaum

Mailing Address 630 Park Ave
Apt 9B

City State Zip Code
New York NY 10065-6560

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

Name of Employer Occupation
Flaum Navigators Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8C03

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8C03E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 90 Broad St
16

City State Zip Code
New York NY 10004-2205

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

Name of Employer Occupation
Globe Tax Financial Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4W3M0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1100.00

**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 26 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Murray Forman

Mailing Address 291 Ocean Ave

City State Zip Code
Lawrence NY 11559-2010

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

Name of Employer Occupation
Self-Employed Private Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9SJ72

Amount of Each Receipt this Period
1200.00

Memo Item

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

Mailing Address 645 Widgeon Ln
Atlanta

City State Zip Code
Atlanta GA 30327-4759

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

Name of Employer Occupation
Self-Employed Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : VNW3EE98NS9

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Duncan A. Fraser Jr.

Mailing Address 123 Weyford Ter

City State Zip Code
Garden City NY 11530-2513

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8AH4

Amount of Each Receipt this Period
100.00

Memo Item

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

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

1800.00

**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 27 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Paul Freeman

Mailing Address 88 W Paces Ferry Rd NW
Unit 2510

City Atlanta State GA Zip Code 30305-1447

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

Name of Employer Self-Employed Occupation Real Estate Investor

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
 02 / 29 / 2016

Transaction ID : VNW3EE7H1Z1

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 736 Cryant Street

City Woodmere State NY Zip Code 11598

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

Name of Employer Rhodes New York Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MR37

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John W. Goppelt

Mailing Address 369 Exeter Rd

City Haverford State PA Zip Code 19041-1084

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
285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8AK9

Amount of Each Receipt this Period
35.00

Memo Item

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

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

785.00

**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 28 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jay Gould

Mailing Address 363 E 76th St
Apt 10F

City State Zip Code
New York NY 10021-2433

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

Name of Employer Occupation
Self-Employed Real Estate Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4VBM9

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Evan G. Greenberg

Mailing Address 81 Maple Ave

City State Zip Code
Katonah NY 10536-3720

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

Name of Employer Occupation
ACE Group Chairman and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9WDK1

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 665 Widgeon Ln

City State Zip Code
Atlanta GA 30327-4759

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

Name of Employer Occupation
ECI Capital Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : VNW3EE8X612

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2500.00

**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 29 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Esther F. Greene

Mailing Address PO Box 132

City State Zip Code
Westbury NY 11590-0132

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

Name of Employer Occupation
Self-Employed Retail

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
03 / 28 / 2016

Transaction ID : VNW3EE9MV00

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 149 E 73rd St
Apt 10A

City State Zip Code
New York NY 10021-3690

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

Name of Employer Occupation
UJA Federation of New York Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4W3R1

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 152 E 94th St
Apt 1B

City State Zip Code
New York NY 10128-2550

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4VM92

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1750.00

**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 30 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jeffrey Gural

Mailing Address 300 Central Park W
Apt 9E

City State Zip Code
New York NY 10024-1591

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

Name of Employer Occupation
Newmark & Co. Real Estate, Inc President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : VNW3EE8G4B4

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 300 Central Park W
Apt 9E

City State Zip Code
New York NY 10024-1591

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : VNW3EE8G4D0

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 87 Fruitledge Rd

City State Zip Code
Glen Head NY 11545-3317

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

Name of Employer Occupation
Self-Employed Total Fitness

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : VNW3EE9MVP4

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

7900.00

**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 31 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
John J. Gutleber

Mailing Address 2110 Northern Blvd
Americana Manhasset

City State Zip Code
Manhasset NY 11030-3500

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Castagna Realty Company President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EE9MVQ2

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark O. Hackner

Mailing Address PO Box 720617

City State Zip Code
Atlanta GA 30358-2617

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FOG Capital Inc Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EE9PR92

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 7701 Woodmont Ave
Apt 1008

City State Zip Code
Bethesda MD 20814-6044

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Law Office of James M Haddad Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EEA8C52

Amount of Each Receipt this Period

Memo Item

* Earmarked Contribution: See Below

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

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 32 OF 130 |
| | <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)
Kathleen Rice for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8C52E
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Mary Ellen Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Ridgecrest Dr SE
 City Albuquerque State NM Zip Code 87108-3366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 N/A
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : VNW3EE98PN1
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Carol Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Noye Ln
 City Woodmere State NY Zip Code 11598-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Partner Real Estate Management
 M & R Management Co.
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : VNW3EE5JZZ8
 Amount of Each Receipt this Period
 2700.00
 Memo Item

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

2775.00

**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 33 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Fred Harrison

Mailing Address 62 Elinore Ave

City Merrick State NY Zip Code 11566-4214

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8C78

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12167.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8C78E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 185 Noye Ln

City Woodmere State NY Zip Code 11598-1852

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

Name of Employer Brand Compound Occupation Advertising

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : VNW3EE5K006

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

2725.00

**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 34 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Kathryn Harvey

Mailing Address 180 W 20th St
Apt 15G

City New York State NY Zip Code 10011-3657

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

Name of Employer Publicis Occupation Advertising Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EEA8C86

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8C86E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 3 Old Virginia Chase

City Atlanta State GA Zip Code 30327-4261

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

Name of Employer Morehouse School of Medicine Occupation Educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : VNW3EE9FMJ8

Amount of Each Receipt this Period
500.00

Memo Item

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

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

750.00

**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 35 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jonathan N. Helfat

Mailing Address 58 Cornwells Beach Rd

City Sands Point State NY Zip Code 11050-1306

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

Name of Employer Otterbourg PC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98HS0

Amount of Each Receipt this Period
2600.00

Memo Item

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

Mailing Address 305 Clarke Ave

City Palm Beach State FL Zip Code 33480-6126

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : VNW3EE6J4E9

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jay M. Herman Esq.

Mailing Address 9 Amber Ln

City Oyster Bay State NY Zip Code 11771-3116

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

Name of Employer Herman, Katz, Cangemi & Clyne, LLP Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98TA1

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6300.00

**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 36 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Donald E. Hess

Mailing Address 505 20th St N
Ste 1150

City Birmingham State AL Zip Code 35203-4620

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

Name of Employer Southwood Partners Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PRA0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10 E Gate Rd

City Port Washington State NY Zip Code 11050-4553

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

Name of Employer Hess Associates Real Estate Occupation Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98HT8

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 24 Hastings Rd

City Old Westbury State NY Zip Code 11568-1104

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

Name of Employer Hirshleifer's Occupation Attorney/Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PEP3

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 37 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Samuel Jacob

Mailing Address 422 E 72nd St
Apt 19A

City State Zip Code
New York NY 10021-4624

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

Name of Employer Occupation
Self-Employed Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4W3V5

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 4473 Tilly Mill Rd

City State Zip Code
Atlanta GA 30360-2107

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

Name of Employer Occupation
Pull A Part LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : VNW3EE9B8F6

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Harvey M. Krueger

Mailing Address 745 7th Ave

City State Zip Code
New York NY 10019-6801

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

Name of Employer Occupation
Barclay's Capital Investment Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEAE9V7

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

4200.00

**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 38 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 5 Tibbits Ln

City State Zip Code
Sands Point NY 11050-1134

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

Name of Employer Occupation
Brown & Brown Insurance Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEAE9W5

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 5780 Hilderbrand Dr

City State Zip Code
Atlanta GA 30328-5112

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

Name of Employer Occupation
N/A Self-Employed

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
02 / 26 / 2016

Transaction ID : VNW3EE7FCG0

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Maurice J. Levin

Mailing Address 77 S Park Ave
Apt A5

City State Zip Code
Rockville Centre NY 11570-6116

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : VNW3EE9MV75

Amount of Each Receipt this Period
25.00

Memo Item

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

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

1025.00

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

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

FOR LINE NUMBER: PAGE 39 OF 130
(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

A. Full Name (Last, First, Middle Initial)
Alan D. Levow

Mailing Address 2891 Howell Mill Rd NW

City Atlanta State GA Zip Code 30327-1333

FEC ID number of contributing federal political committee.

Name of Employer Crowne Partners Occupation Real Estate Developer and Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EE9PRB8

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 64 McCouns Ln

City Glen Head State NY Zip Code 11545-2013

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EEA3SX8

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 64 McCouns Ln

City Glen Head State NY Zip Code 11545-2013

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VNW3EEA3SY6

Amount of Each Receipt this Period

Memo Item

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

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 40 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Joanne Lostritto

Mailing Address 66 McCouns Ln

City State Zip Code
Glen Head NY 11545-2013

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA3T36

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 66 McCouns Ln

City State Zip Code
Glen Head NY 11545-2013

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA3T52

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 2115 Linwood Ave
Ste 110

City State Zip Code
Fort Lee NJ 07024-5022

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8BB9

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

**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 41 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Anne Mai

Mailing Address 1335 E 57th Street Fl 31

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
N/A Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PM85

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 135 E 57th St
Fl 31

City State Zip Code
New York NY 10022-2050

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

Name of Employer Occupation
Cranemere Inc Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PM69

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 199 Saint Nicholas Cir NW

City State Zip Code
Atlanta GA 30327-4982

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PH55

Amount of Each Receipt this Period
 500.00

Memo Item

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 Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Cynthia Masters

Mailing Address 6 Sands Light Rd

City State Zip Code
Port Washington NY 11050-1228

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

Name of Employer Occupation
Self-Employed Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4VMA0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 100 Banks Ave
Apt 1202

City State Zip Code
Rockville Centre NY 11570-6205

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EE9RNA4

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 262 Central Park W

City State Zip Code
New York NY 10024-3512

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

Name of Employer Occupation
N/A Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8CF1

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

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

2100.00

**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 43 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 12167.83

Date of Receipt: 03 / 31 / 2016

Transaction ID : VNW3EEA8CF1E

Amount of Each Receipt this Period: 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Larry M. Miller

Mailing Address 720 Atlanta Country Club Dr SE

City: Marietta State: GA Zip Code: 30067-4718

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

Name of Employer: Occupation: Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 29 / 2016

Transaction ID : VNW3EE9PRC6

Amount of Each Receipt this Period: 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marilyn B. Monter-Witthuhn

Mailing Address 421 Berry Hill Rd

City: Syosset State: NY Zip Code: 11791-1117

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

Name of Employer: Occupation: Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 03 / 25 / 2016

Transaction ID : VNW3EE9EFX6

Amount of Each Receipt this Period: 700.00

Memo Item

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

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

1200.00

**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 44 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Marilyn B. Monter-Witthuhn

Mailing Address 421 Berry Hill Rd

City State Zip Code
Syosset NY 11791-1117

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

Name of Employer Occupation
Holiday Management Associates, Inc. Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : VNW3EE9G7G0

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 9 Gerhard Rd
Renaissance Downtowns LLC

City State Zip Code
Plainview NY 11803-5500

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

Name of Employer Occupation
Renaissance Downtowns CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : VNW3EE9RN05

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael P. Murphy

Mailing Address 1704 Chesterbrook Vale Ct

City State Zip Code
Mc Lean VA 22101-3244

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

Name of Employer Occupation
Katten Muchin Rosenman LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : VNW3EE9EE89

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4000.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 45 OF 130

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

A. Full Name (Last, First, Middle Initial)
Mary Namorato

Mailing Address 1504 Kew Ave

City State Zip Code
 Hewlett NY 11557-1415

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

Name of Employer Occupation
 Execu-Search Communications Consultant

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
 03 / 29 / 2016

Transaction ID : VNW3EE9PP63

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Charles O'Byrne

Mailing Address 40 Central Park S
 Apt 2C

City State Zip Code
 New York NY 10019-1633

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

Name of Employer Occupation
 Related Companies Senior VP for Government Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

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

Transaction ID : VNW3EE85B15

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marian S. Pillsbury

Mailing Address 1100 Park Ave
 Apt 17B

City State Zip Code
 New York NY 10128-1202

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

Name of Employer Occupation
 Rockefeller Financial Services Philanthropic Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98S01

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

2250.00

**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 46 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Irene Rabinor

Mailing Address 8 Kensington St

City Lido Beach State NY Zip Code 11561-5104

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

Name of Employer Retired Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : VNW3EE3TMS6

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address 8 Kensington St

City Lido Beach State NY Zip Code 11561-5104

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

Name of Employer Retired Occupation N/A

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
 02 / 01 / 2016

Transaction ID : VNW3EE619N0

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address 8 Kensington St

City Lido Beach State NY Zip Code 11561-5104

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

Name of Employer Retired Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : VNW3EE7P2V1

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

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

_____ 150.00

**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 47 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Norman J. Radow

Mailing Address 1386 Peachtree Battle Ave NW

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30327-1424 |
|-----------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer The RADCO Companies | Occupation CEO |
|---|-------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PRD3

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 33 Whitehall St
Rafferty Capital Markets

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10004-2112 |
|------------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer Rafferty Holdings LLC | Occupation CEO |
|---|-------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : VNW3EE88JC8

Amount of Each Receipt this Period
-2700.00

Memo Item

* Redesignation of 12/02/2015 Primary 2016 Contribution

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

Mailing Address 33 Whitehall St
Rafferty Capital Markets

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10004-2112 |
|------------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer Rafferty Holdings LLC | Occupation CEO |
|---|-------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016

Transaction ID : VNW3EE88JD6

Amount of Each Receipt this Period
2700.00

Memo Item

* Redesignated 12/02/2015 Primary 2016 Contribution

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

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

500.00

**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 48 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Meg Reiss

Mailing Address 511 Avenue Of The Americas
83

City State Zip Code
New York NY 10011-8436

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

Name of Employer Occupation
Self-Employed Lawyer/Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : VNW3EE6FX5

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : VNW3EE6FX5E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Mary Ann Rice

Mailing Address 2 Filbert St

City State Zip Code
Garden City NY 11530-6212

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8AV3

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 49 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Arlene Richards

Mailing Address 18 Applegreen Dr

City State Zip Code
Old Westbury NY 11568-1203

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98TH6

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 51 E Bethpage Rd

City State Zip Code
Plainview NY 11803-4224

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

Name of Employer Occupation
Rosicki, Rosicki and Associates, PC Attorney, Managing Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : VNW3EE98HD5

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 14 Foxwood Rd

City State Zip Code
Great Neck NY 11024-1202

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : VNW3EE60BH6

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

3800.00

**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 50 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Larry Roth

Mailing Address 14 Foxwood Rd

City State Zip Code
Great Neck NY 11024-1202

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : VNW3EE61H29

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 300 W End Ave
Apt 6B

City State Zip Code
New York NY 10023-8156

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

Name of Employer Occupation
Self-Employed Photographer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : VNW3EE9RKJ3

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1011 Nawench Dr NW

City State Zip Code
Atlanta GA 30327-1339

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

Name of Employer Occupation
Arnall Golden Gregory Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : VNW3EE7NNM7

Amount of Each Receipt this Period
500.00

Memo Item

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

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

4200.00

**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 51 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Gideon A Schor
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 W 72nd St
 Apt 203
 City New York State NY Zip Code 10023-4100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willson Goodrich & Rosat Occupation Attorney
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : VNW3EE714J7
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Paul Schweitzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 E 23rd St
 Apt 12D
 City New York State NY Zip Code 10010-4751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BIMC Occupation MD
 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
 03 / 29 / 2016
Transaction ID : VNW3EEA8CS0
 Amount of Each Receipt this Period
 250.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8CS0E
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

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

1250.00

**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 52 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Serota Development Compnay LLC

Mailing Address 70E Sunrise Hwy
Suite 610

City State Zip Code
Valley Stream NY 11581-1221

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8BC5

Amount of Each Receipt this Period
500.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 70 E Sunrise Hwy

City State Zip Code
Valley Stream NY 11581-1240

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8BD3

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10 Highland Valley Ct

City State Zip Code
Atlanta GA 30327-4880

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2016

Transaction ID : VNW3EE9FXJ7

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

**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 53 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Robert D. Shand

Mailing Address 9 Russell Dr
Apt E24

City Mineola State NY Zip Code 11501-4778

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98TN8

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 100 Banks Ave
Apt 1202

City Rockville Centre State NY Zip Code 11570-6205

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
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EEA8CV6

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8CV6E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

200.00

**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 54 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Gail L. Shapiro

Mailing Address 62 Sackett St

City State Zip Code
Hicksville NY 11801-2820

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEANF28

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 3375 Blackbridle Walk SE

City State Zip Code
Marietta GA 30067-5080

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

Name of Employer Occupation
Information Requested Information Requested

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
 03 / 29 / 2016

Transaction ID : VNW3EE9PRF9

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 300 Central Park W
7 A

City State Zip Code
New York NY 10024-1513

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

Name of Employer Occupation
The Beanstalk Group Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4VBP5

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

2250.00

**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 55 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Shari J. Silver

Mailing Address 53 Murdock Rd

City State Zip Code
Lynbrook NY 11563-4219

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : VNW3EE98J55

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 36 S Crest Rd

City State Zip Code
Chattanooga TN 37404-4005

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : VNW3EE8RBZ0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 6 Frost Mill Rd

City State Zip Code
Mill Neck NY 11765-1100

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

Name of Employer Occupation
Christopher D Smithers Foundation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EE9SQY4

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1100.00

**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 56 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jerry Speyer

Mailing Address 45 Rockefeller Plz
45 Rockefeller Center

City New York State NY Zip Code 10111-0196

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

Name of Employer Tishman Speyer Occupation President and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8AY6

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 45 Rockefeller Plz
45 Rockefeller Center

City New York State NY Zip Code 10111-0196

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

Name of Employer Tishman Speyer Occupation President and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8AZ4

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 63 Peachtree Circl NE

City Atlanta State GA Zip Code 30309

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : VNW3EE9B7N3

Amount of Each Receipt this Period
500.00

Memo Item

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

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

5900.00

**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 57 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
David A. Sterling

Mailing Address 33 Windsor Dr

City Jericho State NY Zip Code 11753-1327

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

Name of Employer SterlingRisk Occupation Chairman, CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : VNW3EE9MVR0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ilyse G. Sternberg

Mailing Address 128 Willow Rd
Maidenbaum & Sternberg

City Woodmere State NY Zip Code 11598-2243

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

Name of Employer Maidenbaum & Sternberg, LLP Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8CY0

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12167.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8CY0E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

1250.00

**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 58 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Suzanne Sullivan

Mailing Address 1609 Coastal Hwy

City State Zip Code
Dewey Beach DE 19971-2365

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

Name of Employer Occupation
McCann Capital Advocates Vice-President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : VNW3EE96Y14

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 201 E 79th St
Apt 14l

City State Zip Code
New York NY 10075-0839

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

Name of Employer Occupation
Firtree Partners Investment Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : VNW3EE4VBR1

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Paul P. Tanico

Mailing Address 101 Park Ave
Fl 23

City State Zip Code
New York NY 10178-2399

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

Name of Employer Occupation
Castle Rock Partners Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98TP6

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Linda Taub

Mailing Address 6 Dogwood HI

City State Zip Code
Glen Head NY 11545-3205

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98PV8

Amount of Each Receipt this Period
700.00

Memo Item

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

Mailing Address 6 Dogwood HI

City State Zip Code
Glen Head NY 11545-3205

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98PW4

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tonio Burgos & Associates of New Jersey, LLC

Mailing Address 200 W State St

City State Zip Code
Trenton NJ 08608-1004

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 / D D / Y Y Y Y Y Y
 01 / 27 / 2016

Transaction ID : VNW3EE5YVJ0

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP--partners below if itemized

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Tonio E. Burgos

Mailing Address 115 Broadway
Rm 1504

City State Zip Code
New York NY 10006-1619

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

Name of Employer Occupation
Tonio Burgos & Associates, Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016

Transaction ID : VNW3EE5YVK8

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5362 Hallford Dr

City State Zip Code
Dunwoody GA 30338-3610

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

Name of Employer Occupation
Atlanta ENT Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9G6H7

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10 Lattingtown Woods Ct

City State Zip Code
Locust Valley NY 11560-1318

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

Name of Employer Occupation
London Jewelers Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEANF44

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1500.00

**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 61 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
James Walden

Mailing Address 200 Hicks St
Apt 1

City State Zip Code
Brooklyn NY 11201-4108

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8D55

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8D55E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 70 Old Stratton Chase

City State Zip Code
Atlanta GA 30328-3652

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

Name of Employer Occupation
Resurgens Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2016

Transaction ID : VNW3EE9FYA4

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

**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 62 OF 130 |
| | <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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
John Westerman

Mailing Address 414 Centre Island Rd

City State Zip Code
Oyster Bay NY 11771-5012

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

Name of Employer Occupation
Westerman Ball Ederer Miller Zucke Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : VNW3EE9BPW0

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 2170 Madison Ave
Apt 12A

City State Zip Code
New York NY 10037-2226

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

Name of Employer Occupation
Academy Charter School Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : VNW3EE8RJ43

Amount of Each Receipt this Period
65.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : VNW3EE8RJ43E

Amount of Each Receipt this Period
65.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2765.00

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

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

FOR LINE NUMBER: PAGE 63 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
T Walley III Williams

Mailing Address 71 Orchard St

City Belmont State MA Zip Code 02478-3509

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

Name of Employer Liberating Technologies, Inc. Occupation Director, Product Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : VNW3EE90MW8

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 3571 Todd Dr

City Douglasville State GA Zip Code 30135-2548

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

Name of Employer GreyStone Power Corporation Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : VNW3EE8XJK0

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 141 Heather Ln

City Mill Neck State NY Zip Code 11765-1010

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2025.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EEA8D97

Amount of Each Receipt this Period
 25.00

Memo Item

* Earmarked Contribution: See Below

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

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

1525.00

**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 64 OF 130 |
| | <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)
Kathleen Rice for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8D97E
 Amount of Each Receipt this Period
 25.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Diane Wohl
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Heather Ln
 City Mill Neck State NY Zip Code 11765-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Not Employed
 N/A
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2025.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : VNW3EEA8DA5
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8DA5E
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

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

1000.00

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

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

FOR LINE NUMBER: PAGE 65 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Howard Wohl

Mailing Address 141 Heather Ln

City Mill Neck State NY Zip Code 11765-1010

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : VNW3EEA8DB3

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12167.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8DB3E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1714 N Pelham Rd NE

City Atlanta State GA Zip Code 30324-5261

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

Name of Employer Occupation CPA/CFF
Habif, Arogeti & Wynne, LLC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PRG7

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

**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 66 OF 130 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Mark C. Zauderer

Mailing Address 371 Beechmont Dr

City State Zip Code
New Rochelle NY 10804-4617

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

Name of Employer Occupation
Flemming Zulack Williamson Zauderer LL Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : VNW3EE8X0J2

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 75 Central Park W

City State Zip Code
New York NY 10023-6055

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : VNW3EE8G4M5

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 75 Central Park W

City State Zip Code
New York NY 10023-6055

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : VNW3EE8G4N3

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

6400.00

179115.00

**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 67 OF 130 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 36.94

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEATDN1

Amount of Each Receipt this Period
 14.01

Memo Item

* In-Kind: Event Expenses

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).....

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

14.01

14.01

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

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

FOR LINE NUMBER: PAGE 68 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Abbott Laboratories Employee Political Action Committee

Mailing Address 100 Abbott Park Rd
D312 AP6D-2

City State Zip Code
Abbott Park IL 60064-3502

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EE9WAM2

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Mailing Address 222 S Prospect Ave
C/O Finance Department

City State Zip Code
Park Ridge IL 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : VNW3EE74JF8

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Institute of Certified Public Accountants Political Action Committee

Mailing Address 220 Leigh Farm Rd
220 Leigh Farm Rd

City State Zip Code
Durham NC 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEAE9X3

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

**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 69 OF 130 |
| | <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

A. Full Name (Last, First, Middle Initial)
American Physical Therapy Association Physical Therapy Political Action Committee (PT-PAC)

Mailing Address 1111 N Fairfax St

City State Zip Code
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : VNW3EE9MVG6

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AmerisourceBergen Corporation Political Action Committee (ABC PAC)

Mailing Address 1300 Morris Dr
Ste 100

City State Zip Code
Chesterbrook PA 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : VNW3EE96XZ8

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Anthem, Inc. Political Action Committee (ANTHEM PAC)

Mailing Address 120 Monument Cir

City State Zip Code
Indianapolis IN 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EE9WDH5

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

**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 70 OF 130 |
| | <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

A. Full Name (Last, First, Middle Initial)
Because I Care Political Action Committee (BICPAC)

Mailing Address 7098 Ayrshire Ln

City State Zip Code
Boca Raton FL 33496-1416

FEC ID number of contributing federal political committee. **C C00381624**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : VNW3EE9PQZ3

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BNSF Railway Corporation PAC

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : VNW3EE74JG6

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cablevision Systems Corp. Political Action Committee

Mailing Address 1099 New York Ave NW
Ste 675

City State Zip Code
Washington DC 20001-4789

FEC ID number of contributing federal political committee. **C C00197863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8QQ8

Amount of Each Receipt this Period
 300.00

Memo Item

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

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

2300.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 71 OF 130

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Cablevision Systems Corp. Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1099 New York Ave NW
 Ste 675
 City Washington State DC Zip Code 20001-4789
 FEC ID number of contributing federal political committee. **C C00197863**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EEA8QS4
 Amount of Each Receipt this Period
 1700.00
 Memo Item

B. Chubb-ACE Group Holdings, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 Walnut St
 WAO4P
 City Philadelphia State PA Zip Code 19106-3703
 FEC ID number of contributing federal political committee. **C C00348938**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3EE9WAQ6
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. CISCO Systems, INC. Federal PAC, AKA CISCO Systems EPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Capitol Mall
 Ste 1545
 City Sacramento State CA Zip Code 95814-4434
 FEC ID number of contributing federal political committee. **C C00362707**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : VNW3EE9G7K4
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

5200.00

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

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

FOR LINE NUMBER: PAGE 73 OF 130
(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

A. Full Name (Last, First, Middle Initial)
Jobs, Opportunities & Education PAC (JOE-PAC)

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

FEC ID number of contributing federal political committee. **C C00500637**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : VNW3EE9BNZ1

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
League of Conservation Voters Action Fund

Mailing Address 1920 L St NW
Ste 800

City Washington State DC Zip Code 20036-5045

FEC ID number of contributing federal political committee. **C C00252940**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : VNW3EE9G7N9

Amount of Each Receipt this Period
 1500.00

Memo Item

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

Mailing Address 905 16th St NW
FI 2

City Washington State DC Zip Code 20006-1703

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEANFA1

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 74 OF 130
(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

A. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees Political Action Committee

Mailing Address 2121 Crystal Dr
Ste 100

City State Zip Code
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEANFB9

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC

Mailing Address 1585 Broadway
Fl 39

City State Zip Code
New York NY 10036-8200

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98V88

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC

Mailing Address 1585 Broadway
Fl 39

City State Zip Code
New York NY 10036-8200

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : VNW3EE98V96

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 75 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : VNW3EE7F974

Amount of Each Receipt this Period
 1000.00

Memo Item

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA3T60

Amount of Each Receipt this Period
 1000.00

Memo Item

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA3T77

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3000.00

**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 76 OF 130 |
| <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

A. National Association of Realtors Political Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 N Michigan Ave

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Chicago | IL | 60611-4011 |

FEC ID number of contributing federal political committee. **C** C00030718

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 18 | | 2016 |

Transaction ID : VNW3EE96Y06

Amount of Each Receipt this Period
1000.00

Memo Item

B. Renewing the American Dream PAC

Full Name (Last, First, Middle Initial)
Mailing Address 110 E Liberty St

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Mankato | MN | 56001-3851 |

FEC ID number of contributing federal political committee. **C** C00475608

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : VNW3EEA8AT5

Amount of Each Receipt this Period
500.00

Memo Item

C. Smiths Group Services Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 425 3rd St SW Ste 875

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20024-3237 |

FEC ID number of contributing federal political committee. **C** C00448324

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 15 | | 2016 |

Transaction ID : VNW3EE90MS4

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

**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 77 OF 130 |
| | <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

A. Full Name (Last, First, Middle Initial)
Starr Insurance Holdings Inc. PAC

Mailing Address 399 Park Ave
FI 17

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing federal political committee. **C C00509331**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8BE1

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sugar Cane Growers Cooperative of Florida (PAC)

Mailing Address PO Box 666

City State Zip Code
Belle Glade FL 33430-0666

FEC ID number of contributing federal political committee. **C C00254656**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : VNW3EE4WBP2

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 6849 Old Dominion Dr
Ste 222

City State Zip Code
McLean VA 22101-3705

FEC ID number of contributing federal political committee. **C C00409623**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : VNW3EE9BP32

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

8000.00

**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 78 OF 130 |
| <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

A. Full Name (Last, First, Middle Initial)
The Boeing Company Political Action Committee

Mailing Address 929 Long Bridge Dr

City State Zip Code
Arlington VA 22202-4208

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEA8B10

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Time Warner Cable Inc. Federal Political Action Committee

Mailing Address 901 F St NW
Ste 800

City State Zip Code
Washington DC 20004-1477

FEC ID number of contributing federal political committee. **C C00431551**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : VNW3EE96Y30

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Toyota Motor North America, Inc PAC AKA Toyota/Lexus PAC

Mailing Address 601 13th St NW
Suite 910 S

City State Zip Code
Washington DC 20005-3807

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : VNW3EE714Q6

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

**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 79 OF 130 | | | |
| | <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 |

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

A. Full Name (Last, First, Middle Initial)
Toyota Motor North America, Inc PAC AKA Toyota/Lexus PAC

Mailing Address 601 13th St NW
Suite 910 S

City Washington State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : VNW3EE8G4J9

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Toyota Motor North America, Inc PAC AKA Toyota/Lexus PAC

Mailing Address 601 13th St NW
Suite 910 S

City Washington State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EEA8B28

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
United Parcel Inc. PAC

Mailing Address 55 Glenlake Pkwy

City Atlanta State GA Zip Code 30328-3498

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : VNW3EE9WDM9

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 80 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Wal-Mart Stores Inc. PAC for Responsible Government

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : VNW3EE96Y48

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wal-Mart Stores Inc. PAC for Responsible Government

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : VNW3EE96Y55

Amount of Each Receipt this Period
 500.00

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).....

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

2000.00

54000.00

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

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

FOR LINE NUMBER: PAGE 81 OF 130
(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

A. Full Name (Last, First, Middle Initial)
Rice Victory Fund

Mailing Address **PO Box 744**

City **Mineola** State **NY** Zip Code **11501-0744**

FEC ID number of contributing federal political committee. **C C00578450**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **72336.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEATJ65

Amount of Each Receipt this Period
 _____ **395.16**

Memo Item

Transfer of Joint Proceeds

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

Mailing Address **140 Whitehall Blvd**

City **Garden City** State **NY** Zip Code **11530**

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

Name of Employer Occupation
Bats Global Markets **Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEATJ49

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

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

Mailing Address **140 Whitehall Blvd**

City **Garden City** State **NY** Zip Code **11530**

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

Name of Employer Occupation
Bats Global Markets **Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : VNW3EEATJ81

Amount of Each Receipt this Period
 _____ **300.00**

Memo Item

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

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

_____ **395.16**

_____ **395.16**

**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 82 OF 130 | |
| | <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)
Kathleen Rice for Congress

A. 1 & 1 Internet Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 701 Lee Rd
Ste 300

City Chesterbrook State PA Zip Code 19087-5612

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2016

Amount of Each Disbursement this Period: 52.38

Memo Item

Transaction ID : VNV469SGAQ6

B. 1 & 1 Internet Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 701 Lee Rd
Ste 300

City Chesterbrook State PA Zip Code 19087-5612

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2016

Amount of Each Disbursement this Period: 21.57

Memo Item

Transaction ID : VNV469SN5S3

C. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2016

Amount of Each Disbursement this Period: 2.78

Memo Item

Transaction ID : VNV469SEFZ4

SUBTOTAL of Disbursements This Page (optional) 76.73

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 83 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 83.05 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fee | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGAG1 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 0.32 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fee | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGAK4 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 2.58 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fee | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGPN8 |
| State: District: | Category/Type | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 85.95 |
| 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 85 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period \$ 7.00 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNF72 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 02 / 25 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period \$ 1.66 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNKG0 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 03 / 03 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period \$ 28.25 |
| City Somerville State MA Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SP5M2 |
| State: District: | Category/Type | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | \$ 36.91 |
| 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 86 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 16.01 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SQ3E5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 4.63 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SQHJ8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 0.28 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SR3A2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 20.92 |
| 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 87 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 6.65 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | | |
| Purpose of Disbursement Credit Card Processing Fees | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Amtrak | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016 |
| Mailing Address 50 Massachusetts Ave NE | | Amount of Each Disbursement this Period 54.00 |
| City Washington | State DC | |
| Zip Code 20002-4214 | | |
| Purpose of Disbursement Travel | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Avalon Caterers | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016 |
| Mailing Address 109 Clermont Ave | | Amount of Each Disbursement this Period 566.40 |
| City Alexandria | State VA | |
| Zip Code 22304-4837 | | |
| Purpose of Disbursement Event Catering | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 627.05 |
| 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 88 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of America Business Card | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016 |
| Mailing Address PO Box 15710 | | Amount of Each Disbursement this Period 24.95 |
| City Wilmington | State DE | |
| Zip Code 19850-5710 | Purpose of Disbursement Credit Card Payment | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SK6Y8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of America Business Card | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016 |
| Mailing Address PO Box 15710 | | Amount of Each Disbursement this Period 85.79 |
| City Wilmington | State DE | |
| Zip Code 19850-5710 | Purpose of Disbursement Credit Card Payment | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMR56 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. UPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 17.04 |
| City Atlanta | State GA | |
| Zip Code 30328-3474 | Purpose of Disbursement Shipping | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMR64 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 110.74 |
| 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 89 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement MM / DD / YYYY 02 / 10 / 2016 |
| Mailing Address 2341 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 49.00 |
| City Washington State DC Zip Code 20020-9996 | Purpose of Disbursement Postage | |
| Candidate Name | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMR98 * |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bank of America Business Card | | Date of Disbursement MM / DD / YYYY 03 / 17 / 2016 |
| Mailing Address PO Box 15710 | | Amount of Each Disbursement this Period 3021.82 |
| City Wilmington State DE Zip Code 19850-5710 | Purpose of Disbursement Credit Card Payment | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQHQ5 * |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Garden City Hotel | | Date of Disbursement MM / DD / YYYY 03 / 17 / 2016 |
| Mailing Address 45 7th St | | Amount of Each Disbursement this Period 2500.00 |
| City Garden City State NY Zip Code 11530-2890 | Purpose of Disbursement Event Space Rental and Catering | |
| Candidate Name | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQHT8 * |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3021.82 |
| 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 90 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Pret A Manger | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 301 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 324.67 |
| City Washington | State DC Zip Code 20003-1148 | |
| Purpose of Disbursement Event Catering | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQHS0 * |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Uber | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 2755 Jackson Ave | | Amount of Each Disbursement this Period 5.50 |
| City Long Island City | State NY Zip Code 11101-2917 | |
| Purpose of Disbursement Travel | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQJ39 * |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Uber | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 2755 Jackson Ave | | Amount of Each Disbursement this Period 5.82 |
| City Long Island City | State NY Zip Code 11101-2917 | |
| Purpose of Disbursement Travel | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQJ47 * |
| State: District: | | |

| | |
|---|------|
| 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 91 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Uber | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 2755 Jackson Ave | | Amount of Each Disbursement this Period 26.09 |
| City Long Island City | State NY | |
| Zip Code 11101-2917 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQJ55 * |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. UPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 16.84 |
| City Atlanta | State GA | |
| Zip Code 30328-3474 | Purpose of Disbursement Shipping | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQHW4 * |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 |
| Mailing Address 2341 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 12.90 |
| City Washington | State DC | |
| Zip Code 20020-9996 | Purpose of Disbursement Postage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQJ22 * |
| State: District: | | |

| | |
|---|------|
| 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 92 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capital Grille | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2016 |
| Mailing Address 630 Old Country Rd | | Amount of Each Disbursement this Period 366.15 |
| City Garden City | State NY | |
| Zip Code 11530-3468 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNF80 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Capital Grille | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2016 |
| Mailing Address 630 Old Country Rd | | Amount of Each Disbursement this Period 169.79 |
| City Garden City | State NY | |
| Zip Code 11530-3468 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SP281 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Capital Grille | | Date of Disbursement MM / DD / YYYY 03 / 11 / 2016 |
| Mailing Address 630 Old Country Rd | | Amount of Each Disbursement this Period 117.70 |
| City Garden City | State NY | |
| Zip Code 11530-3468 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SQ3S2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 653.64 |
| 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 93 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Capital Grille | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 630 Old Country Rd | | Amount of Each Disbursement this Period 159.18 |
| City Garden City | State NY | |
| Zip Code 11530-3468 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SRG85 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Carefirst Blue Cross Blue Shield | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016 |
| Mailing Address 840 1st St NE Union Center Plaza | | Amount of Each Disbursement this Period 753.14 |
| City Washington | State DC | |
| Zip Code 20065-0003 | Purpose of Disbursement Health Insurance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGAN0 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Carefirst Blue Cross Blue Shield | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 |
| Mailing Address 840 1st St NE Union Center Plaza | | Amount of Each Disbursement this Period 1162.08 |
| City Washington | State DC | |
| Zip Code 20065-0003 | Purpose of Disbursement Healthcare Premium | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SR8N9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2074.40 |
| 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 94 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cava Mezze | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016 |
| Mailing Address 527 8th St SE | | Amount of Each Disbursement this Period 333.92 |
| City Washington | State DC | |
| Zip Code 20003-2835 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNKH8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Cava Mezze | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016 |
| Mailing Address 527 8th St SE | | Amount of Each Disbursement this Period 30.00 |
| City Washington | State DC | |
| Zip Code 20003-2835 | Purpose of Disbursement Meals | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNNH3 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. DC Taxi | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016 |
| Mailing Address 2041 Martin Luther King Jr Ave SE | | Amount of Each Disbursement this Period 24.65 |
| City Washington | State DC | |
| Zip Code 20020-7026 | Purpose of Disbursement Travel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SRBQ1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 388.57 |
| 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 95 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016 |
| Mailing Address PO Box 20980 | | Amount of Each Disbursement this Period 428.20 |
| City Atlanta | State GA Zip Code 30320-0980 | |
| Purpose of Disbursement Travel | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SJZZO |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016 |
| Mailing Address PO Box 20980 | | Amount of Each Disbursement this Period 592.20 |
| City Atlanta | State GA Zip Code 30320-0980 | |
| Purpose of Disbursement Travel | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SK008 |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 430 S Capitol St SE | | Amount of Each Disbursement this Period 14.01 |
| City Washington | State DC Zip Code 20003-4024 | |
| Purpose of Disbursement Event Expenses | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNW3EEATDN1 * In-Kind Received |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1034.41 |
| 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 96 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FedEx.com | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016 |
| Mailing Address 3965 Airways Blvd | | Amount of Each Disbursement this Period 1.58 |
| City Memphis | State TN | |
| Zip Code 38116-5017 | Purpose of Disbursement Postage | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SQ9W9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. First Data | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 1223.74 |
| City Atlanta | State GA | |
| Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGA64 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. First Data | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 803.16 |
| City Atlanta | State GA | |
| Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGA71 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2028.48 |
| 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 97 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. First Data | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 2.23 |
| City Atlanta State GA Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGA89 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. First Data | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 724.57 |
| City Atlanta State GA Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SM690 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. First Data | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 551.83 |
| City Atlanta State GA Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SM6A8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1278.63 |
| 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 98 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

A. First Data

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000
City Atlanta State GA Zip Code 30342-1651
Purpose of Disbursement Credit Card Processing Fees
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 02 / 03 / 2016
Amount of Each Disbursement this Period: 52.09
 Memo Item
Transaction ID : VNV469SM6B6

B. First Data

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000
City Atlanta State GA Zip Code 30342-1651
Purpose of Disbursement Credit Card Processing Fees
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 03 / 03 / 2016
Amount of Each Disbursement this Period: 10.36
 Memo Item
Transaction ID : VNV469SP5P8

C. First Data

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000
City Atlanta State GA Zip Code 30342-1651
Purpose of Disbursement Credit Card Processing Fees
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: District:

Date of Disbursement: 03 / 03 / 2016
Amount of Each Disbursement this Period: 2.10
 Memo Item
Transaction ID : VNV469SP5Q5

SUBTOTAL of Disbursements This Page (optional) 64.55
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 99 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. First Data | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000 | | Amount of Each Disbursement this Period 0.16 |
| City Atlanta | State GA | |
| Zip Code 30342-1651 | Purpose of Disbursement Credit Card Processing Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SP5R3 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kosher Deluxe Restaurant | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016 |
| Mailing Address 10 W 46th St | | Amount of Each Disbursement this Period 445.70 |
| City New York | State NY | |
| Zip Code 10036-4515 | Purpose of Disbursement Event Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGDG7 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Liberty Concepts | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016 |
| Mailing Address 119 Braintree St Ste 602 | | Amount of Each Disbursement this Period 3800.00 |
| City Allston | State MA | |
| Zip Code 02134-1681 | Purpose of Disbursement Website Maintenance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMMX7 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4245.86 |
| 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 100 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Liberty Concepts | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016 |
| Mailing Address 119 Braintree St Ste 602 | | Amount of Each Disbursement this Period 200.00 |
| City Allston | State MA | |
| Zip Code 02134-1681 | Purpose of Disbursement Website Maintenance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SP5K4 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mandate Media | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016 |
| Mailing Address PO Box 80151 | | Amount of Each Disbursement this Period 1250.00 |
| City Portland | State OR | |
| Zip Code 97280-1151 | Purpose of Disbursement Consultant - Strategy | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGAE5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mandate Media | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016 |
| Mailing Address PO Box 80151 | | Amount of Each Disbursement this Period 2050.00 |
| City Portland | State OR | |
| Zip Code 97280-1151 | Purpose of Disbursement Consultant - Strategy | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMM49 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 101 OF 130 | |
| | <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)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)
A. Mandate Media

Mailing Address PO Box 80151

City Portland State OR Zip Code 97280-1151

Purpose of Disbursement
Consultant - Strategy

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
02 / 23 / 2016

Amount of Each Disbursement this Period
1500.00

Memo Item

Transaction ID : VNV469SNTK9

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

Mailing Address 151 Linden Rd

City Mineola State NY Zip Code 11501-1519

Purpose of Disbursement
Consultant - Compliance

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
01 / 05 / 2016

Amount of Each Disbursement this Period
1750.00

Memo Item

Transaction ID : VNV469SGAF3

Full Name (Last, First, Middle Initial)
c. Margaret May

Mailing Address 151 Linden Rd

City Mineola State NY Zip Code 11501-1519

Purpose of Disbursement
Consultant - Compliance

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
02 / 02 / 2016

Amount of Each Disbursement this Period
1750.00

Memo Item

Transaction ID : VNV469SM667

SUBTOTAL of Disbursements This Page (optional)..... 5000.00

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 102 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Margaret May | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address 151 Linden Rd | | Amount of Each Disbursement this Period 1750.00 |
| City Mineola | State NY | |
| Zip Code 11501-1519 | Purpose of Disbursement Consultant - Compliance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNWJ5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Names In The News | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016 |
| Mailing Address 180 Grand Ave Ste 1545 | | Amount of Each Disbursement this Period 350.00 |
| City Oakland | State CA | |
| Zip Code 94612-3799 | Purpose of Disbursement Mailer List | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SKRP2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. New York State Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016 |
| Mailing Address 420 Lexington Ave Rm 845 | | Amount of Each Disbursement this Period 7200.00 |
| City New York | State NY | |
| Zip Code 10170-0038 | Purpose of Disbursement VAN Access | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMMV1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9300.00 |
| 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 103 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 375.00 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Office Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGDE3 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 2250.00 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Consultant - Compliance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGDF1 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 2250.00 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Consultant - Compliance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SM675 |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4875.00 |
| 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 104 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 375.00 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Office Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SM683 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 2250.00 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Consultant - Compliance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNWK3 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Next Level Partners, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address 410 1st St SE Ste 310 | | Amount of Each Disbursement this Period 391.86 |
| City Washington | State DC | |
| Zip Code 20003-1819 | Purpose of Disbursement Office Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNWM1 |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3016.86 |
| 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 105 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. NGP VAN, Inc. | | Date of Disbursement MM / DD / YYYY 01 / 01 / 2016 |
| Mailing Address 1101 15th St NW Ste 500 | | Amount of Each Disbursement this Period 2550.00 |
| City Washington | State DC | |
| Zip Code 20005-5006 | Purpose of Disbursement Software | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGDA2 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement MM / DD / YYYY 01 / 14 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGPQ3 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Brittany Wise | | Date of Disbursement MM / DD / YYYY 01 / 14 / 2016 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY | |
| Zip Code 40059 | Purpose of Disbursement Payroll | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SHJX0 * |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4581.81 |
| 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 106 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 1188.69 |
| City Rochester | State NY Zip Code 14625-2396 | |
| Purpose of Disbursement Payroll - Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SHJZ6 |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 162.05 |
| City Rochester | State NY Zip Code 14625-2396 | |
| Purpose of Disbursement Payroll - Invoice | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SHK02 |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester | State NY Zip Code 14625-2396 | |
| Purpose of Disbursement Payroll | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SKRQ0 |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3382.55 |
| 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 107 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Brittany Wise | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY Zip Code 40059 | |
| Purpose of Disbursement Payroll | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SKRR8 * |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 1302.69 |
| City Rochester | State NY Zip Code 14625-2396 | |
| Purpose of Disbursement Payroll - Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SKW81 |

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 57.80 |
| City Rochester | State NY Zip Code 14625-2396 | |
| Purpose of Disbursement Payroll - Invoice | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SKW98 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1360.49 |
| 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 108 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement MM / DD / YYYY 02 / 12 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SN5V8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brittany Wise | | Date of Disbursement MM / DD / YYYY 02 / 12 / 2016 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY | |
| Zip Code 40059 | Purpose of Disbursement Payroll | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SN5W6 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex | | Date of Disbursement MM / DD / YYYY 02 / 16 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 1290.69 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll - Taxes | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SN5Y2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3322.50 |
| 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 109 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement MM / DD / YYYY 02 / 16 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 57.80 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll - Invoice | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SN5Z0 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement MM / DD / YYYY 02 / 29 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNWF3 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Brittany Wise | | Date of Disbursement MM / DD / YYYY 02 / 29 / 2016 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY | |
| Zip Code 40059 | Purpose of Disbursement Payroll | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SNWG9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2089.61 |
| 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 110 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 1197.69 |
| City Rochester State NY Zip Code 14625-2396 | Purpose of Disbursement Payroll - Taxes | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNWQ4 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 57.80 |
| City Rochester State NY Zip Code 14625-2396 | Purpose of Disbursement Payroll - Invoice | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SNWR2 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester State NY Zip Code 14625-2396 | Purpose of Disbursement Payroll | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SQ9S5 |
| State: District: | Category/Type | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3287.30 |
| 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 111 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brittany Wise | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY | |
| Zip Code 40059 | Purpose of Disbursement Payroll | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SQ9T3 * |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 1197.69 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll - Taxes | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SQHF4 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 57.80 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll - Invoice | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SQHG2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1255.49 |
| 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 112 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 911 Panorama Trl S | | Amount of Each Disbursement this Period 2031.81 |
| City Rochester | State NY | |
| Zip Code 14625-2396 | Purpose of Disbursement Payroll | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SRGA1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Brittany Wise | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 9143 Cranesbill Trace Apt 515 | | Amount of Each Disbursement this Period 2031.81 |
| City Prospect | State KY | |
| Zip Code 40059 | Purpose of Disbursement Payroll | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SRGB9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Storage Quarters Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 999 Stewart Ave | | Amount of Each Disbursement this Period 139.00 |
| City Garden City | State NY | |
| Zip Code 11530-4929 | Purpose of Disbursement Storage Unit Rental | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGA48 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2170.81 |
| 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 113 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Storage Quarters Inc. | | Date of Disbursement MM / DD / YYYY 02 / 02 / 2016 |
| Mailing Address 999 Stewart Ave | | Amount of Each Disbursement this Period 4,567,890.12 139.00 |
| City Garden City State NY Zip Code 11530-4929 | Purpose of Disbursement Storage Unit Rental | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SM633 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Storage Quarters Inc. | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2016 |
| Mailing Address 999 Stewart Ave | | Amount of Each Disbursement this Period 4,567,890.12 139.00 |
| City Garden City State NY Zip Code 11530-4929 | Purpose of Disbursement Storage Unit Rental | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SP298 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. The Frost Group | | Date of Disbursement MM / DD / YYYY 01 / 04 / 2016 |
| Mailing Address 3701 Porter St NW | | Amount of Each Disbursement this Period 4,567,890.12 4000.00 |
| City Washington State DC Zip Code 20016-3103 | Purpose of Disbursement Consultant - Fundraising | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGDD5 |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4278.00 |
| 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 114 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. The Frost Group | | Date of Disbursement MM / DD / YYYY 02 / 01 / 2016 |
| Mailing Address 3701 Porter St NW | | Amount of Each Disbursement this Period 4000.00 |
| City Washington | State DC Zip Code 20016-3103 | |
| Purpose of Disbursement Consultant - Fundraising | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : VNV469SM625 |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Frost Group | | Date of Disbursement MM / DD / YYYY 03 / 08 / 2016 |
| Mailing Address 3701 Porter St NW | | Amount of Each Disbursement this Period 4000.00 |
| City Washington | State DC Zip Code 20016-3103 | |
| Purpose of Disbursement Consultant - Fundraising | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : VNV469SPZ57 |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. The Frost Group | | Date of Disbursement MM / DD / YYYY 03 / 08 / 2016 |
| Mailing Address 3701 Porter St NW | | Amount of Each Disbursement this Period 189.20 |
| City Washington | State DC Zip Code 20016-3103 | |
| Purpose of Disbursement Consultant - Fundraising Reimbursement | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : VNV469SPZC2 |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8189.20 |
| 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 115 OF 130 | | | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. The New York Times | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016 |
| Mailing Address O P # 371456 | | Amount of Each Disbursement this Period 37.01 |
| City Pittsburgh | State PA | |
| Zip Code 15250-0001 | Purpose of Disbursement Subscription | Transaction ID : VNV469SGAC9 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. The New York Times | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016 |
| Mailing Address O P # 371456 | | Amount of Each Disbursement this Period 37.01 |
| City Pittsburgh | State PA | |
| Zip Code 15250-0001 | Purpose of Disbursement Subscription | Transaction ID : VNV469SM641 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. The New York Times | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016 |
| Mailing Address O P # 371456 | | Amount of Each Disbursement this Period 37.01 |
| City Pittsburgh | State PA | |
| Zip Code 15250-0001 | Purpose of Disbursement Subscription | Transaction ID : VNV469SNWP6 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 111.03 |
| 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 116 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. The New York Times | | Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016 |
| Mailing Address O P # 371456 | | Amount of Each Disbursement this Period 37.01 |
| City Pittsburgh | State PA | |
| Zip Code 15250-0001 | Purpose of Disbursement Subscription | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SR9F5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Tri Star Graphics Inc. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016 |
| Mailing Address PO Box 7013 11 Red Maple Drive North | | Amount of Each Disbursement this Period 6771.49 |
| City Wantagh | State NY | |
| Zip Code 11793-0613 | Purpose of Disbursement Printing of Campaign Materials | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SKWA6 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Tri Star Graphics Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016 |
| Mailing Address PO Box 7013 11 Red Maple Drive North | | Amount of Each Disbursement this Period 5010.79 |
| City Wantagh | State NY | |
| Zip Code 11793-0613 | Purpose of Disbursement Printing of Campaign Materials | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SP5J6 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11819.29 |
| 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 117 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Tucker Green Consulting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 8000.00 |
| City New York | State NY | |
| Zip Code 10004-2909 | Purpose of Disbursement Consultant - Fundraising | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGDB9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Tucker Green Consulting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 167.76 |
| City New York | State NY | |
| Zip Code 10004-2909 | Purpose of Disbursement Reimbursement (Vendors that Aggregate Over \$200 Listed Below) | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SGDC7 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. FedEx.com | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016 |
| Mailing Address 3965 Airways Blvd | | Amount of Each Disbursement this Period 4.33 |
| City Memphis | State TN | |
| Zip Code 38116-5017 | Purpose of Disbursement Shipping | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SK081 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8167.76 |
| 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 118 OF 130 | |
| | <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)
Kathleen Rice for Congress

A. NYC Taxi & Limosine Commission

Full Name (Last, First, Middle Initial)
Mailing Address 40 Rector St

City New York State NY Zip Code 10006-1745

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2016

Amount of Each Disbursement this Period: 12.30

Memo Item

Transaction ID : VNV469SK024 *

B. NYC Taxi & Limosine Commission

Full Name (Last, First, Middle Initial)
Mailing Address 40 Rector St

City New York State NY Zip Code 10006-1745

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2016

Amount of Each Disbursement this Period: 14.30

Memo Item

Transaction ID : VNV469SK032 *

C. NYC Taxi & Limosine Commission

Full Name (Last, First, Middle Initial)
Mailing Address 40 Rector St

City New York State NY Zip Code 10006-1745

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 01 / 2016

Amount of Each Disbursement this Period: 20.80

Memo Item

Transaction ID : VNV469SK040 *

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 119 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Tucker Green Consulting, Inc. | | Date of Disbursement MM / DD / YYYY 02 / 02 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 8000.00 |
| City New York | State NY | |
| Zip Code 10004-2909 | Purpose of Disbursement Consultant - Fundraising | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SM659 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Tucker Green Consulting, Inc. | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 455.11 |
| City New York | State NY | |
| Zip Code 10004-2909 | Purpose of Disbursement Reimbursement (Vendors that Aggregate Over \$200 Listed Below) | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMC10 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Long Island Rail Road | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 16.50 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SMKX4 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8455.11 |
| 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 120 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Long Island Rail Road | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 16.50 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMKZ0 * |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Long Island Rail Road | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 16.50 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMM08 * |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) c. Long Island Rail Road | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 33.00 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMM23 * |
| State: District: | | |

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| 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 121 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York | State NY | |
| Zip Code 10006-1745 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMKT3 * |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. NYC Taxi & Limosine Commission | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York | State NY | |
| Zip Code 10006-1745 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMKW6 * |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. NYC Taxi & Limosine Commission | | Date of Disbursement MM / DD / YYYY 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York | State NY | |
| Zip Code 10006-1745 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMKY2 * |
| State: District: | | |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 122 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission | | Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York State NY Zip Code 10006-1745 | Purpose of Disbursement Travel | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMM15 * |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. NYC Taxi & Limosine Commission | | Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York State NY Zip Code 10006-1745 | Purpose of Disbursement Travel | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMM31 * |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. NYC Taxi & Limosine Commission | | Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 05 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 6.00 |
| City New York State NY Zip Code 10006-1745 | Purpose of Disbursement Travel | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMM57 * |
| State: District: | Category/Type | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 123 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Tucker Green Consulting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 8000.00 |
| City New York State NY Zip Code 10004-2909 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Consultant - Fundraising | Category/Type | Transaction ID : VNV469SP273 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Tucker Green Consulting, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 30 Broad St | | Amount of Each Disbursement this Period 360.28 |
| City New York State NY Zip Code 10004-2909 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Reimbursement (Vendors that Aggregate Over \$200 Listed Below) | Category/Type | Transaction ID : VNV469SQ9R7 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) c. FedEx.com | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 3965 Airways Blvd | | Amount of Each Disbursement this Period 16.80 |
| City Memphis State TN Zip Code 38116-5017 | <input checked="" type="checkbox"/> Memo Item | |
| Purpose of Disbursement Postage | Category/Type | Transaction ID : VNV469STSX4 * |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8360.28 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 124 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Long Island Rail Road | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 16.50 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STSS3 * |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Long Island Rail Road | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address PO Box 350383 | | Amount of Each Disbursement this Period 16.50 |
| City Jamaica | State NY | |
| Zip Code 11435-0383 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STST1 * |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. NYC Taxi & Limosine Commission | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 25.80 |
| City New York | State NY | |
| Zip Code 10006-1745 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STSN1 * |
| State: District: | | |

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|---|------|
| 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 125 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 40 Rector St | | Amount of Each Disbursement this Period 22.80 |
| City New York | State NY | |
| Zip Code 10006-1745 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STSP9 * |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 2341 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 49.00 |
| City Washington | State DC | |
| Zip Code 20020-9996 | Purpose of Disbursement Postage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STSV8 * |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 2341 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 70.00 |
| City Washington | State DC | |
| Zip Code 20020-9996 | Purpose of Disbursement Postage | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469STSW6 * |
| State: District: | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 126 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Twenty-First Century Group, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016 |
| Mailing Address 434 New Jersey Ave SE | | Amount of Each Disbursement this Period 2100.00 |
| City Washington State DC Zip Code 20003-4008 | Purpose of Disbursement Event Expenses | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMNP4 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. UPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 17.09 |
| City Atlanta State GA Zip Code 30328-3474 | Purpose of Disbursement Shipping | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGA22 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. UPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 28.41 |
| City Atlanta State GA Zip Code 30328-3474 | Purpose of Disbursement Shipping | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SGAT0 |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2145.50 |
| 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 127 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. UPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 17.04 |
| City Atlanta | State GA Zip Code 30328-3474 | |
| Purpose of Disbursement Shipping | 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SK2Q3 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. UPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 28.48 |
| City Atlanta | State GA Zip Code 30328-3474 | |
| Purpose of Disbursement Shipping | 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMR30 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. UPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 1.71 |
| City Atlanta | State GA Zip Code 30328-3474 | |
| Purpose of Disbursement Software | 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : VNV469SMR48 |
| State: District: | Category/Type | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 47.23 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 128 OF 130 | |
| | <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)
Kathleen Rice for Congress

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. UPS | | Date of Disbursement MM / DD / YYYY 02 / 12 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 17.20 |
| City Atlanta | State GA Zip Code 30328-3474 | |
| Purpose of Disbursement Shipping | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SN5R5 |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. UPS | | Date of Disbursement MM / DD / YYYY 02 / 12 / 2016 |
| Mailing Address 55 Glenlake Pkwy | | Amount of Each Disbursement this Period 16.84 |
| City Atlanta | State GA Zip Code 30328-3474 | |
| Purpose of Disbursement Shipping | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SN5X4 |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement MM / DD / YYYY 03 / 09 / 2016 |
| Mailing Address 2341 Pennsylvania Ave SE | | Amount of Each Disbursement this Period 39.20 |
| City Washington | State DC Zip Code 20020-9996 | |
| Purpose of Disbursement Postage | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : VNV469SQ9V1 |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 73.24 |
| TOTAL This Period (last page this line number only)..... | 114606.19 |

**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 129 OF 130 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Sander A. Flaum | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 630 Park Ave Apt 9B | | Amount of Each Disbursement this Period 100.00 |
| City New York | State NY | |
| Zip Code 10065-6560 | Purpose of Disbursement Contribution Refund | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SVFP6 |
| 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. Asher Mansdorf | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 |
| Mailing Address 360 Central Ave | | Amount of Each Disbursement this Period 1000.00 |
| City Lawrence | State NY | |
| Zip Code 11559-1619 | Purpose of Disbursement Contribution Refund | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SK2R1 |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Asher Mansdorf | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016 |
| Mailing Address 360 Central Ave | | Amount of Each Disbursement this Period 700.00 |
| City Lawrence | State NY | |
| Zip Code 11559-1619 | Purpose of Disbursement Contribution Refund | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : VNV469SKBP5 |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1800.00 |
| 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 130 OF 130 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Asher Mansdorf | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016 |
| Mailing Address 360 Central Ave | | Amount of Each Disbursement this Period 300.00 |
| City Lawrence | State NY | |
| Zip Code 11559-1619 | Purpose of Disbursement Contribution Refund | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SKBQ2 |
| 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. Ilyse G. Sternberg | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 128 Willow Rd Maidenbaum & Sternberg | | Amount of Each Disbursement this Period 250.00 |
| City Woodmere | State NY | |
| Zip Code 11598-2243 | Purpose of Disbursement Contribution Refund | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : VNV469SVFN8 |
| 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. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line number only)..... | 2350.00 |