

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Kathleen Rice for Congress

ADDRESS (number and street)

410 Jericho Turnpike

Suite 200

Check if different
than previously
reported. (ACC)

Jericho

NY

11753

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00555813

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

04

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

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

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

Type or Print Name of Treasurer Mr. Michael Gerard Norman

Signature of Treasurer

Mr. Michael Gerard Norman

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 28 / 2015

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kathleen Rice for Congress

Report Covering the Period:

From:

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

To:

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 79836.79 | 98021.21 |
| (b) Total Contribution Refunds (from Line 20(d)) | 1000.00 | 1600.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 78836.79 | 96421.21 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 103026.60 | 189322.31 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 56.44 | 69.44 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 102970.16 | 189252.87 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 28954.67 | |
| 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) | 76576.97 | |

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)

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Write or Type Committee Name

Kathleen Rice for Congress

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

61700.00

72327.63

(ii) Unitemized.....

36.79

93.58

(iii) TOTAL of contributions from individuals ▶

61736.79

72421.21

(b) Political Party Committees.....

0.00

0.00

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

18100.00

25600.00

(d) The Candidate.....

0.00

0.00

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

79836.79

98021.21

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

8184.72

19684.72

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

56.44

69.44

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

0.13

0.13

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

88078.08

117775.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 49

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 103026.60 | 189322.31 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 1000.00 | 1600.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 1000.00 | 1600.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 104026.60 | 190922.31 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 44903.19 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 88078.08 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 132981.27 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 104026.60 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 28954.67 |

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3A

Transaction ID :

The Carpenters' Legislative Improvement Committee's item which was initially reported on Schedule D in this report has been removed as per our conversation with the FEC Reports Analysis Division on 4/13/15. The excess contribution amount was refunded in full on 3/31/15 and will be reported on the April 15th 1st Qtr 2015 filing.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 49

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Lisa Carcaterra

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2014 |

Transaction ID : VNW3EDJNBD7

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Lisa Carcaterra

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2014 |

Transaction ID : VNW3EDJNBP8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Carla Concannon

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 22 | | 2014 |

Transaction ID : VNW3EDJG755

Amount of Each Receipt this Period

2600.00

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

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

7800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Carla Concannon

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 22 | | 2014 |

Transaction ID : VNW3EDJK2R7

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Chris Concannon

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bats

Occupation

President

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 22 | | 2014 |

Transaction ID : VNW3EDJG748

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Chris Concannon

Mailing Address 140 Whitehall Blvd

City

Garden City

State

NY

Zip Code

11530-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bats

Occupation

President

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 22 | | 2014 |

Transaction ID : VNW3EDJK2S5

Amount of Each Receipt this Period

2400.00

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

7400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Ronald Edelstein**A.**

Mailing Address 365 Longwood Xing

City

Lawrence

State

NY

Zip Code

11559-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 18 | | 2014 |

Transaction ID : VNW3EDJETF0

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

Samantha Edelstein**B.**

Mailing Address 365 Longwood Xing

City

Lawrence

State

NY

Zip Code

11559-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 18 | | 2014 |

Transaction ID : VNW3EDJETE3

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

Hilary Feshbach**C.**

Mailing Address 21 Barkers Point Rd

City

Port Washington

State

NY

Zip Code

11050-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 27 | | 2014 |

Transaction ID : VNW3EDDB287

Amount of Each Receipt this Period

2600.00

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 9 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Joseph Feshbach

Mailing Address 21 Barkers Point Rd

City

Sands Point

State

NY

Zip Code

11050-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 27 | | 2014 |

Transaction ID : VNW3EDJNBF3

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

B. James Hagedorn

Mailing Address 1 Beach Rd

City

Sands Point

State

NY

Zip Code

11050-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scotts Company

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 26 | | 2014 |

Transaction ID : VNW3EDJK2E8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Karli Hagedorn

Mailing Address 1 Beach Rd

City

Sands Point

State

NY

Zip Code

11050-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 26 | | 2014 |

Transaction ID : VNW3EDJK2F6

Amount of Each Receipt this Period

2600.00

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

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

7600.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Harvey R. Hirschfeld

Mailing Address 26 Court St

LawCash

City

Brooklyn

State

NY

Zip Code

11242-0103

FEC ID number of contributing
federal political committee.

C

Name of Employer

LawCash

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2014 |

Transaction ID : VNW3EDJNVP0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Jules Kroll

Mailing Address 900 3rd Ave

City

New York

State

NY

Zip Code

10022-3298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kroll

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 08 | | 2014 |

Transaction ID : VNW3EDE4XV3

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

C. Lynn Kroll

Mailing Address 18 Parsonage Pt

City

Rye

State

NY

Zip Code

10580-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 08 | | 2014 |

Transaction ID : VNW3EDE4XR9

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

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

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Thomas P. Lane

A.

Mailing Address 18 5th St

City

Hermosa Beach

State

CA

Zip Code

90254-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partner

Occupation

Winston and Strawn

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 26 | | 2014 |

Transaction ID : VNW3EDCMDW7

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Thomas P. Lane

B.

Mailing Address 18 5th St

City

Hermosa Beach

State

CA

Zip Code

90254-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partner

Occupation

Winston and Strawn

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 26 | | 2014 |

Transaction ID : VNW3EDCMEH3

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Lisa J. Lourie

C.

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 19 | | 2014 |

Transaction ID : VNW3EDJF7F6

Amount of Each Receipt this Period

2600.00

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

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

7800.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Lisa J. Lourie

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 19 | | 2014 |

Transaction ID : VNW3EDJK2W9

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Robert Lourie

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Technologies LLC

Occupation

Finance

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 17 | | 2014 |

Transaction ID : VNW3EDJCS44

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Robert Lourie

Mailing Address 23 Brewster Ln E

City

Setauket

State

NY

Zip Code

11733-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Technologies LLC

Occupation

Finance

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 17 | | 2014 |

Transaction ID : VNW3EDJCTD7

Amount of Each Receipt this Period

2600.00

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

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

7800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Steven M. Napolitano

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Nationwide Tilt Agency LLC

Occupation

CEO

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 29 | | 2014 |

Transaction ID : VNW3EDJNBB1

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Steven M. Napolitano

Mailing Address 51 Canterbury Rd

City

Rockville Centre

State

NY

Zip Code

11570-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Nationwide Tilt Agency LLC

Occupation

CEO

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 29 | | 2014 |

Transaction ID : VNW3EDJNBG1

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Babak Zar

Mailing Address 9 Fir Dr

City

Kings Point

State

NY

Zip Code

11024-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Zar Group

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Transaction ID : VNW3EDCMGM0

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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

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

7700.00

61700.00

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)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Aflac PAC

Mailing Address Worldwide Headquarters

1932 Wynnton Road

City

Columbus

State

GA

Zip Code

31999-0001

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Debt General 2014

Election Cycle-to-Date

1000.00

Date of Receipt

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

Transaction ID : VNW3EDE4XW1

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. Comcast Corporation & NBCUniversal Political Action Committee

Mailing Address 1701 John F Kennedy Blvd

Fl 49

City

Philadelphia

State

PA

Zip Code

19103-2855

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

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

Transaction ID : VNW3EDDWZS8

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

C. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Rd

City

Mineola

State

NY

Zip Code

11501-1519

FEC ID number of contributing
federal political committee.

C

C00318931

Name of Employer

Occupation

Receipt For: 2016

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

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

Transaction ID : VNW3EDJK2N4

Amount of Each Receipt this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:

PAGE 15 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Rd

City

Mineola

State

NY

Zip Code

11501-1519

FEC ID number of contributing
federal political committee.

C C00318931

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 23 | | 2014 |

Transaction ID : VNW3EDJK2P2

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Motorola Solutions, Inc PAC

Mailing Address 1455 Pennsylvania Ave NW
Ste 900

City

Washington

State

DC

Zip Code

20004-1016

FEC ID number of contributing
federal political committee.

C C00075341

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☒ Other (specify)
General
Debt General 2014

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 11 | | 2014 |

Transaction ID : VNW3EDF8V90

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20005-4171

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☒ Other (specify)
General
Debt General 2014

Election Cycle-to-Date

2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 04 | | 2014 |

Transaction ID : VNW3EDDWZV4

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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:

PAGE 16 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

National Association of Real Estate Investment Trusts

Mailing Address 1875 I St NW

Ste 600

City

Washington

State

DC

Zip Code

20006-5413

FEC ID number of contributing
federal political committee.

C C00303339

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 16 | | 2014 |

Transaction ID : VNW3EDJ9X31

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

National Emergency Medicine PAC

Mailing Address PO Box 619911

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Transaction ID : VNW3EDCMGG9

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

Publishers Clearing House PAC

Mailing Address 382 Channel Dr

City

Port Washington

State

NY

Zip Code

11050-2219

FEC ID number of contributing
federal political committee.

C C00343426

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 11 | | 2014 |

Transaction ID : VNW3EDF8XQ4

Amount of Each Receipt this Period

2600.00

2014 General Debt Retirement

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

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

| |
|---------|
| 6100.00 |
|---------|

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

PAGE 17 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tile Marble & Terrazzo BAC Local 7 PAC Fund

Mailing Address 4534 Court Sq

City

Long Island City

State

NY

Zip Code

11101-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 26 | | 2014 |

Transaction ID : VNW3EDCMGB9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

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

1000.00

18100.00

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

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

FOR LINE NUMBER:

PAGE 18 OF 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Kathleen Rice Victory Fund

Mailing Address 1050 17th St NW

Ste 590

City

Washington

State

DC

Zip Code

20036-5592

FEC ID number of contributing
federal political committee.

C C00567594

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

14500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 25 | | 2014 |

Transaction ID : VNW3EDMBJK3

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

Alfonse D'Amato

Mailing Address 101 Park Ave

Rm 2506

City

New York

State

NY

Zip Code

10178-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Park Strategies

Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 20 | | 2014 |

Transaction ID : VNW3EDMFR58

Amount of Each Receipt this Period

2400.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

Kathleen Rice Victory Fund

Mailing Address 1050 17th St NW

Ste 590

City

Washington

State

DC

Zip Code

20036-5592

FEC ID number of contributing
federal political committee.

C C00567594

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

19500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 05 | | 2014 |

Transaction ID : VNW3EDMBJN9

Amount of Each Receipt this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

Dave Aranowitz

Mailing Address 478 Meditation Ln

City

Columbus

State

OH

Zip Code

43235-8407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotts Miracle Grow

Occupation
Director of Government Relations

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

11 / 26 / 2014

Transaction ID : VNW3EDMFR40

Amount of Each Receipt this Period

2600.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

Anthony J. Nastasi

Mailing Address 500 Wheeler Rd

City

Hauppauge

State

NY

Zip Code

11788-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nastasi & Associates

Occupation
Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

11 / 26 / 2014

Transaction ID : VNW3EDMFR24

Amount of Each Receipt this Period

2600.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

Kathleen Rice Victory Fund

Mailing Address 1050 17th St NW
Ste 590

City

Washington

State

DC

Zip Code

20036-5592

FEC ID number of contributing
federal political committee.

C C00567594

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

19684.72

Date of Receipt

12 / 24 / 2014

Transaction ID : VNW3EDMBJQ5

Amount of Each Receipt this Period

184.72

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

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

184.72

8184.72

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

PAGE 20 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Gregory Brodersen

Mailing Address 258 Raymond Fish Rd

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Hartwick | NY | 13348-2810 |

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Purpose of Disbursement
Salary

001

Transaction ID : VNV469R8C87

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. Coliseum Caterers

Mailing Address 1150 Hempstead Tpke

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Uniondale | NY | 11553-1229 |

Amount of Each Disbursement this Period

| |
|---------|
| 2388.56 |
|---------|

Purpose of Disbursement
Food and Beverage

001

Transaction ID : VNV469R8C22

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <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. Steven Coyle

Mailing Address 9 Hilltop Ave

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bethpage | NY | 11714-4614 |

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

Purpose of Disbursement
SalaryCategory/
Type

Transaction ID : VNV469R8D14

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <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).....

4388.56

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 PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Garden City Hotel

Mailing Address 45 7th St

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-2890 |

Purpose of Disbursement
Election Night Lodging and Expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

1844.87

Transaction ID : VNV469R8D56

B. Howard Heyman

Mailing Address 23 Sylvan Pl

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Montclair | NJ | 07042-3809 |

Purpose of Disbursement
Photography for Event

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

750.00

Transaction ID : VNV469R8C95

c. Max Kramer

Mailing Address 2856 Rockaway Ave

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Oceanside | NY | 11572-1017 |

Purpose of Disbursement
Salary

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

2000.00

Transaction ID : VNV469R8CA3

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

4594.87

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Max Kramer

Mailing Address 2856 Rockaway Ave

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Oceanside | NY | 11572-1017 |

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

Candidate Name

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

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2854.45 |
|---------|

Transaction ID : VNV469R8CD6

B. B.K. Sweeney's Uptown Grille

Mailing Address 636 Franklin Ave

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-5729 |

Purpose of Disbursement
Food and Beverage

Candidate Name

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

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 361.74 |
|--------|

Transaction ID : VNV469R97R2

[MEMO ITEM]

*

C. Max Kramer

Mailing Address 2856 Rockaway Ave

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Oceanside | NY | 11572-1017 |

Purpose of Disbursement
Subscription

Candidate Name

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

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Transaction ID : VNV469R8CC9

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

2854.45

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

PAGE 23 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Max Kramer

Mailing Address 2856 Rockaway Ave

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Oceanside | NY | 11572-1017 |

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Transaction ID : VNV469R8CB1

B. Ed Laborde

Mailing Address 505 Liberty St

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Uniondale | NY | 11553-2315 |

Purpose of Disbursement
Salary-Bonus

001

Candidate Name

Category/
Type

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Transaction ID : VNV469R8C63

c. Coleman LambMailing Address 139 S Kensington Ave
Fl 2

| | | |
|------------------|-------|------------|
| City | State | Zip Code |
| Rockville Centre | NY | 11570-5615 |

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1625.00 |
|---------|

Transaction ID : VNV469R8C14

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

7625.00

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

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Coleman LambMailing Address 139 S Kensington Ave
FL 2City State Zip Code
Rockville Centre NY 11570-5615Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1625.00 |
|---------|

Transaction ID : VNV469R8BZ8

B. Coleman LambMailing Address 139 S Kensington Ave
FL 2City State Zip Code
Rockville Centre NY 11570-5615Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1625.00 |
|---------|

Transaction ID : VNV469R8BY0

c. Oxford Health

Mailing Address PO Box 1697

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 648.61 |
|--------|

Transaction ID : VNV469R8CJ6

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

3898.61

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 49

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Oxford Health

Mailing Address PO Box 1697

City State Zip Code
Newark NJ 07101-1697

Purpose of Disbursement
Healthcare

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

001
Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

648.61

Transaction ID : VNV469R8CK4

B. Patricia Schneider Design Consultants

Mailing Address PO Box 234584

City State Zip Code
Great Neck NY 11023-4584

Purpose of Disbursement
Campaign Materials- T-shirt

Candidate Name

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

State: District:

006
Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

466.00

Transaction ID : VNV469R8DG3

c. Paychex

Mailing Address 911 Panorama Trl S

City State Zip Code
Rochester NY 14625-2396

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

001
Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

1134.95

Transaction ID : VNV469R8CN0

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

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

2249.56

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

PAGE 26 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rochester | NY | 14625-2396 |

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 110.90 |
|--------|

Transaction ID : VNV469R8CP8

B. Paychex

Mailing Address 911 Panorama Trl S

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rochester | NY | 14625-2396 |

Purpose of Disbursement
Payroll Taxes

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 640.69 |
|--------|

Transaction ID : VNV469R8CQ5

C. Paychex

Mailing Address 911 Panorama Trl S

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rochester | NY | 14625-2396 |

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 104.00 |
|--------|

Transaction ID : VNV469R8CR3

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

855.59

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

PAGE 27 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rochester | NY | 14625-2396 |

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 640.69 |
|--------|

Transaction ID : VNV469R8CS1

B. Paychex

Mailing Address 911 Panorama Trl S

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rochester | NY | 14625-2396 |

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 154.00 |
|--------|

Transaction ID : VNV469R8CT9

C. Eric PhillipsMailing Address 190 Bleecker St
Apt 26

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10012-1414 |

Purpose of Disbursement
Reimbursement-Meals, transportation lodging

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2898.46 |
|---------|

Transaction ID : VNV469R8C71

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

3693.15

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

PAGE 28 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20980

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30320-0980 |

Purpose of Disbursement
Airline Tickets

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 187.10 |
|--------|

Transaction ID : VNV469R98P7

[MEMO ITEM]

*

B. ELRAC LLC

Mailing Address 221 Thompson St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10012-2694 |

Purpose of Disbursement
Car Rental

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 273.32 |
|--------|

Transaction ID : VNV469R98R3

[MEMO ITEM]

*

c. Garden City Hotel

Mailing Address 45 7th St

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-2890 |

Purpose of Disbursement
Lodging

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 832.65 |
|--------|

Transaction ID : VNV469R98S1

[MEMO ITEM]

*

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

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

| |
|------|
| 0.00 |
|------|

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

PAGE 29 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. The Capital Grille

Mailing Address 120 Broadway

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10271-0099 |

Purpose of Disbursement
Food and Beverage

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1296.80 |
|---------|

Transaction ID : VNV469R98M1

[MEMO ITEM]

*

B. Sage Payment SolutionsMailing Address 1750 Old Meadow Rd
Ste 300

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Mc Lean | VA | 22102-4304 |

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 01 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1588.85 |
|---------|

Transaction ID : VNV469RFWH0

c. SKD KnickerbockerMailing Address 594 Broadway
Rm 805

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10012-3257 |

Purpose of Disbursement
Electronic Media Buy

Candidate Name

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

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

| |
|----------|
| 26708.84 |
|----------|

Transaction ID : VNV469R8BM1

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

28297.69

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

PAGE 30 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. SKD KnickerbockerMailing Address 594 Broadway
Rm 805

City New York State NY Zip Code 10012-3257

Purpose of Disbursement
Electronic Media Buy

004

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

13354.42

Transaction ID : VNV469R8CZ9

B. SKD KnickerbockerMailing Address 594 Broadway
Rm 805

City New York State NY Zip Code 10012-3257

Purpose of Disbursement
Electronic Media BuyCategory/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 19 | | 2014 |

Amount of Each Disbursement this Period

13354.42

Transaction ID : VNV469R8D07

c. Stones' PhonesMailing Address 1309 F St NW
200

City Washington State DC Zip Code 20004-1183

Purpose of Disbursement
Voided check-Post Gen 2014

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

-3216.04

Transaction ID : VNV469R8D22

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

23492.80

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

PAGE 31 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. The Conrad GroupMailing Address 410 1st St SE
Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 09 | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Transaction ID : VNV469R8D30

B. The County of Nassau

Mailing Address 262 Old Country Rd

City Mineola State NY Zip Code 11501-4277

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

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 30 | 2014 |

Amount of Each Disbursement this Period

| |
|-----------|
| -10000.00 |
|-----------|

Transaction ID : VNV469R8D48

c. Town of North Hempstead

Mailing Address 220 Plandome Rd

City Manhasset State NY Zip Code 11030-2327

Purpose of Disbursement
Facility Rental

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 26 | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 600.00 |
|--------|

Transaction ID : VNV469R8D64

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

-6400.00

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

PAGE 32 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tri Star Graphics Inc.

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3250.06 |
|---------|

Transaction ID : VNV469R8D72

B. Tri Star Graphics Inc.

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 18 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1330.66 |
|---------|

Transaction ID : VNV469R8D80

c. Tri Star Graphics Inc.

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 18 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1388.88 |
|---------|

Transaction ID : VNV469R8D98

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

5969.60

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

PAGE 33 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tri Star Graphics Inc.

Mailing Address PO Box 7013

11 Red Maple Drive North

City

Wantagh

State

NY

Zip Code

11793-0613

Purpose of Disbursement

Printing

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 4108.51 |
|---------|

Transaction ID : VNV469R8DA6

B. Robert Troiano

Mailing Address 709 Franklin St

City

Westbury

State

NY

Zip Code

11590-2411

Purpose of Disbursement

Reimbursement

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 402.71 |
|--------|

Transaction ID : VNV469R8CX3

c. Wheatley Hills Discount

Mailing Address 193 Post Ave

City

Westbury

State

NY

Zip Code

11590-3100

Purpose of Disbursement

Beverages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 265.98 |
|--------|

Transaction ID : VNV469R97Z7

[MEMO ITEM]

*

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

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

4511.22

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

PAGE 34 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tucker Green Consulting, Inc.

Mailing Address 30 Broad St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10004-2909 |

Purpose of Disbursement
Reimbursements

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 954.98 |
|--------|

Transaction ID : VNV469R8DB3

B. Ed's Chowder House

Mailing Address 44 W 63rd St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10023-7029 |

Purpose of Disbursement
Food and Beverage

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 586.39 |
|--------|

Transaction ID : VNV469R9821

[MEMO ITEM]

*

c. FedEx.com

Mailing Address 3965 Airways Blvd

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Memphis | TN | 38116-5017 |

Purpose of Disbursement
Overnight Delivery Service

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 208.99 |
|--------|

Transaction ID : VNV469R9847

[MEMO ITEM]

*

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

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

954.98

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

PAGE 35 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tucker Green Consulting, Inc.

Mailing Address 30 Broad St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10004-2909 |

Purpose of Disbursement
Reimbursements

001

Category/
Type

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

884.27

Transaction ID : VNV469R8DC1

B. FedEx.com

Mailing Address 3965 Airways Blvd

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Memphis | TN | 38116-5017 |

Purpose of Disbursement
Overnight Delivery ServiceCategory/
Type

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

66.67

Transaction ID : VNV469R98C8

[MEMO ITEM]

*

c. The Hyatt Regency

Mailing Address 400 New Jersey Ave NW

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20001-2002 |

Purpose of Disbursement
LodgingCategory/
Type

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

798.60

Transaction ID : VNV469R98B2

[MEMO ITEM]

*

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

884.27

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

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

PAGE 36 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Tucker Green Consulting, Inc.

Mailing Address 30 Broad St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10004-2909 |

Purpose of Disbursement
Expenses-Overnight Delivery Service

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 67.95 |
|-------|

Transaction ID : VNV469R9HQ6

B. FedEx.com

Mailing Address 3965 Airways Blvd

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Memphis | TN | 38116-5017 |

Purpose of Disbursement
Overnight Delivery ServiceCategory/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 67.95 |
|-------|

Transaction ID : VNV469R9HR2

[MEMO ITEM]

*

C. UPS

Mailing Address 55 Glenlake Pkwy

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30328-3474 |

Purpose of Disbursement
Shipping

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 25 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 64.82 |
|-------|

Transaction ID : VNV469R8BK3

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

132.77

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

PAGE 37 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address 55 Glenlake Pkwy

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 03 | | 2014 |

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30328-3474 |

Amount of Each Disbursement this Period

| |
|-------|
| 61.59 |
|-------|

Purpose of Disbursement
Shipping

001

Transaction ID : VNV469R8DD9

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Amanda Walsh

Mailing Address 42 Hilton Ave

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-4428 |

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

Purpose of Disbursement
Salary

001

Transaction ID : VNV469R8BN9

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Amanda Walsh

Mailing Address 42 Hilton Ave

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-4428 |

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

Purpose of Disbursement
Salary

001

Transaction ID : VNV469R8BP7

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

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

3561.59

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

PAGE 38 OF 49

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

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. Amanda Walsh

Mailing Address 42 Hilton Ave

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-4428 |

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

Transaction ID : VNV469R8BQ5

B. Amanda Walsh

Mailing Address 42 Hilton Ave

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-4428 |

Purpose of Disbursement
Reimbursement-Travel Expense-Car Rental

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 70.75 |
|-------|

Transaction ID : VNV469R8BR3

C. Amanda Walsh

Mailing Address 42 Hilton Ave

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Garden City | NY | 11530-4428 |

Purpose of Disbursement
Reimbursement-Airline Tickets

Candidate Name

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

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 323.30 |
|--------|

Transaction ID : VNV469R8BS0

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

2144.05

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

PAGE 39 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20980

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30320-0980 |

Purpose of Disbursement
Airline Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 323.20 |
|--------|

Transaction ID : VNV469R97V6

[MEMO ITEM]

*

B. Brittany Wise

Mailing Address 330 E 39th St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10016-2187 |

Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Transaction ID : VNV469R8BV6

c. Brittany Wise

Mailing Address 330 E 39th St

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| New York | NY | 10016-2187 |

Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 12 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Transaction ID : VNV469R8BW4

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

6000.00

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

PAGE 41 OF 49

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

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NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)

A. Publishers Clearing House

Mailing Address 382 Channel Dr

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 09 | | 2014 |

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| Port Washington | NY | 11050-2219 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
Contribution Refund

003

Transaction ID : VNV469R8CW5

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

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

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

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

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <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).....

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

1000.00

1000.00

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

PAGE 42 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Coliseum Caterers

Nature of Debt (Purpose):

Event Catering

Mailing Address 1150 Hempstead Tpke

City State

Zip Code

Uniondale

NY

11553-1229

Outstanding Balance Beginning This Period

2388.56

Transaction ID : VNS5P9H6PY2

Amount Incurred This Period

0.00

Payment This Period

2388.56

Outstanding Balance at Close of This Period

0.00

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

Howard Heyman

Nature of Debt (Purpose):

Election Night Photography

Mailing Address 23 Sylvan Pl

City State

Zip Code

Montclair

NJ

07042-3809

Outstanding Balance Beginning This Period

750.00

Transaction ID : VNS5P9H6PN1

Amount Incurred This Period

0.00

Payment This Period

750.00

Outstanding Balance at Close of This Period

0.00

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

Iacic Management

Nature of Debt (Purpose):

Field Office Rent

Mailing Address 365 Stewart Ave
Apt B5

City

State

Zip Code

Garden City

NY

11530-4508

Outstanding Balance Beginning This Period

1400.00

Transaction ID : VNS5P9H6PR5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1400.00

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

1400.00

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

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

PAGE 43 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Max Kramer

Nature of Debt (Purpose):

Reimbursement - Supplies, Travel, Food & Beverage

Mailing Address 2856 Rockaway Ave

City State

Zip Code

Oceanside

NY

11572-1017

Outstanding Balance Beginning This Period

854.45

Transaction ID : VNS5P9H6PT1

Amount Incurred This Period

0.00

Payment This Period

854.45

Outstanding Balance at Close of This Period

0.00

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

Ed Laborde

Nature of Debt (Purpose):

Salary-bonus

Mailing Address 505 Liberty St

City State

Zip Code

Uniondale

NY

11553-2315

Outstanding Balance Beginning This Period

7000.00

Transaction ID : VNS5P9H6WH4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

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

Mash Business Systems Corporation

Nature of Debt (Purpose):

Office Equipment Rental

Mailing Address 1 Enterprise Pl

City

State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

128.81

Transaction ID : VNS5P9H6WD3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

128.81

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

7128.81

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

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

PAGE 44 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Mash Business Systems Corporation

Nature of Debt (Purpose):

Office Equipment Rental

Mailing Address 1 Enterprise Pl

City State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

81.47

Transaction ID : VNS5P9H6WE1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

81.47

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

Mash Business Systems Corporation

Nature of Debt (Purpose):

Fax/Copier/Printer

Mailing Address 1 Enterprise Pl

City State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

463.01

Transaction ID : VNS5P9H6PW6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

463.01

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

Mash Business Systems Corporation

Nature of Debt (Purpose):

Fax/Copier/Printer

Mailing Address 1 Enterprise Pl

City

State

Zip Code

Hicksville

NY

11801-5347

Outstanding Balance Beginning This Period

81.47

Transaction ID : VNS5P9H6PX4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

81.47

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

625.95

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

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

PAGE 45 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Maria Mastromatteo

Nature of Debt (Purpose):

Reimbursement - Field Office Utilities

Mailing Address 38 Euston Rd

City State

Zip Code

Garden City

NY

11530-4129

Outstanding Balance Beginning This Period

2097.89

Transaction ID : VNS5P9H6PV8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.89

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

Michael Gerard Norman, CPA PC

Nature of Debt (Purpose):

Accounting Fees

Mailing Address 410 Jericho Tpke
Ste 303

City State

Zip Code

Jericho

NY

11753-1318

Outstanding Balance Beginning This Period

7150.00

Transaction ID : VNS5P9H6PG2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7150.00

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

Patricia Schneider Design Consultants

Nature of Debt (Purpose):

Campaign Materials - T-Shirts

Mailing Address PO Box 234584

City

State

Zip Code

Great Neck

NY

11023-4584

Outstanding Balance Beginning This Period

466.00

Transaction ID : VNS5P9H6PP9

Amount Incurred This Period

0.00

Payment This Period

466.00

Outstanding Balance at Close of This Period

0.00

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

9247.89

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

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

PAGE 46 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Eric Phillips

Nature of Debt (Purpose):

Media Consulting - Bonus

Mailing Address 190 Bleecker St
Apt 26City State Zip Code
New York NY 10012-1414

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6QF6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

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

Sandler Reiff Lamb Rosenstein & Birkenstock, P.C.

Nature of Debt (Purpose):

Legal Fees

Mailing Address 1025 Vermont Ave NW
Ste 300City State Zip Code
Washington DC 20005-6302

Outstanding Balance Beginning This Period

3000.00

Transaction ID : VNS5P9H6PH9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

SKD Knickerbocker

Nature of Debt (Purpose):

Electronic Media Buy

Mailing Address 594 Broadway
Rm 805City State Zip Code
New York NY 10012-3257

Outstanding Balance Beginning This Period

53417.68

Transaction ID : VNS5P9H6PC0

Amount Incurred This Period

0.00

Payment This Period

53417.68

Outstanding Balance at Close of This Period

0.00

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

18000.00

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

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

PAGE 47 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

SKD Knickerbocker

Nature of Debt (Purpose):

Media Consulting

Mailing Address 594 Broadway
Rm 805City State Zip Code
New York NY 10012-3257

Outstanding Balance Beginning This Period

12000.00

Transaction ID : VNS5P9H6WN4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12000.00

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

The Conrad Group

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 410 1st St SE
Ste 310City State Zip Code
Washington DC 20003-1819

Outstanding Balance Beginning This Period

3000.00

Transaction ID : VNS5P9H6PK5

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

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

The County of Nassau

Nature of Debt (Purpose):

Mileage Reimbursement

Mailing Address 262 Old Country Rd

City State Zip Code
Mineola NY 11501-4277

Outstanding Balance Beginning This Period

8174.32

Transaction ID : VNS5P9H6WG6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8174.32

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

20174.32

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

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

PAGE 48 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress

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

Tri Star Graphics Inc.Nature of Debt (Purpose):
PrintingMailing Address PO Box 7013
11 Red Maple Drive NorthCity State Zip Code
Wantagh NY 11793-0613

Outstanding Balance Beginning This Period

3250.06

Transaction ID : VNS5P9H6PJ7

Amount Incurred This Period

0.00

Payment This Period

3250.06

Outstanding Balance at Close of This Period

0.00

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

Tri Star Graphics Inc.Nature of Debt (Purpose):
PrintingMailing Address PO Box 7013
11 Red Maple Drive NorthCity State Zip Code
Wantagh NY 11793-0613

Outstanding Balance Beginning This Period

1330.66

Transaction ID : VNS5P9H6PQ7

Amount Incurred This Period

0.00

Payment This Period

1330.66

Outstanding Balance at Close of This Period

0.00

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

Robert TroianoNature of Debt (Purpose):
Reimbursement - Event Food & Beverage

Mailing Address 709 Franklin St

City State Zip Code
Westbury NY 11590-2411

Outstanding Balance Beginning This Period

402.71

Transaction ID : VNS5P9H6PZ0

Amount Incurred This Period

0.00

Payment This Period

402.71

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 49 OF 49

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

NAME OF COMMITTEE (In Full)

Kathleen Rice for Congress
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tucker Green Consulting, Inc.

Nature of Debt (Purpose):
Fundraising Consulting - Bonus

Mailing Address 30 Broad St

City State Zip Code
New York NY 10004-2909

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6QE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tucker Green Consulting, Inc.

Nature of Debt (Purpose):
**Reimbursement - Travel, Food & Beverage,
Shipping**

Mailing Address 30 Broad St

City State Zip Code
New York NY 10004-2909

Outstanding Balance Beginning This Period

954.98

Transaction ID : VNS5P9H6PE6

Amount Incurred This Period

0.00

Payment This Period

954.98

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
Bonus

Mailing Address 42 Hilton Ave

City State Zip Code
Garden City NY 11530-4428

Outstanding Balance Beginning This Period

5000.00

Transaction ID : VNS5P9H6WF8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) ►

20000.00

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

76576.97

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

0.00

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

76576.97