

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Kathleen Rice for Congress

ADDRESS (number and street)

PO Box 744

Check if different than previously reported. (ACC)

Mineola

NY

11501

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00555813

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer

May, Margaret, , ,

Signature of Treasurer

May, Margaret, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Kathleen Rice for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3492.39	4462.03
(b) Total Contribution Refunds (from Line 20(d))	70.00	70.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3422.39	4392.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69357.60	127492.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69357.60	127492.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	486128.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Kathleen Rice for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2125.00	2375.00
(ii) Unitemized	1367.39	2087.03
(iii) TOTAL of contributions from individuals	3492.39	4462.03
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3492.39	4462.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4851.60
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1.25	1.25
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	3493.64	9314.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 37

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69357.60	127492.27
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	70.00	70.00
(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)).....	70.00	70.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	69427.60	127562.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	552062.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3493.64
25. SUBTOTAL (add Line 23 and Line 24).....	555555.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69427.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	486128.36

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 37
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 8 Saratoga St

City Lido Beach State NY Zip Code 11561-5114

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

Name of Employer Bogard Justice Services, Inc. Occupation Corrections Consultant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2016

Transaction ID : VNW3EF0J3E3

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1887.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2016

Transaction ID : VNW3EF0J3E3E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 8 Saratoga St

City Lido Beach State NY Zip Code 11561-5114

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

Name of Employer Bogard Justice Services, Inc. Occupation Corrections Consultant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : VNW3EF0WZD1

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1887.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : VNW3EF0WZD1E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 767 5th Ave
FI 15

City New York State NY Zip Code 10153-0015

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

Name of Employer Occupation
Moore Holdings CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : VNW3EF0WZS6

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 6 Frost Mill Rd

City Mill Neck State NY Zip Code 11765-1100

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

Name of Employer Occupation
Christopher D. Smithers Foundation President

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2016

Transaction ID : VNW3EF0J302

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address PO Box 441146

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

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1887.39

Date of Receipt: 12 / 04 / 2016

Transaction ID : VNW3EF0J302E

Amount of Each Receipt this Period: 250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 4 Kaywood Rd

City: Port Washington State: NY Zip Code: 11050-1410

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

Name of Employer: Occupation: Engineer / Business Owner

Rapid Steel Supply Corp.

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt: 12 / 20 / 2016

Transaction ID : VNW3EF0KPH3

Amount of Each Receipt this Period: 100.00

Memo Item

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

Mailing Address 4 Kaywood Rd

City: Port Washington State: NY Zip Code: 11050-1410

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

Name of Employer: Occupation: Engineer / Business Owner

Rapid Steel Supply Corp.

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt: 12 / 31 / 2016

Transaction ID : VNW3EF0WZJ1

Amount of Each Receipt this Period: 75.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 37
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address PO Box 441146

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

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1887.39

Date of Receipt: 12 / 31 / 2016

Transaction ID : VNW3EF0WZJ1E

Amount of Each Receipt this Period: 75.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt:

Amount of Each Receipt this Period:

Memo Item

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt:

Amount of Each Receipt this Period:

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 366 Summer St			FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 7.22
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : VNV469V7MC6
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 366 Summer St			FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 6.04
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : VNV469V7MN7
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2016
Mailing Address 366 Summer St			FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 22.68
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : VNV469V7Q81
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	35.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016	
Mailing Address 366 Summer St			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 7.66	
Purpose of Disbursement Credit Card Processing Fees		Category/Type	Transaction ID : VNV469V80Z0	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address 366 Summer St			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 7.53	
Purpose of Disbursement Credit Card Processing Fees		Category/Type	Transaction ID : VNV469V8AK7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Bank of America Business Card			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address PO Box 15710			FEC Identification Number C	
City Wilmington	State DE	Zip Code 19850-5710	Amount of Each Disbursement this Period 6818.38	
Purpose of Disbursement Credit Card Payment		Category/Type	Transaction ID : VNV469V58R9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6833.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Adelphi Delicatessen			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 351 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5315	Amount of Each Disbursement this Period 50.98	
Purpose of Disbursement Meals		Category/ Type	Transaction ID : VNV469V58W1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 50 Massachusetts Ave NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002-4214	Amount of Each Disbursement this Period 192.00	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : VNV469V59F1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Amtrak			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 50 Massachusetts Ave NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002-4214	Amount of Each Disbursement this Period 49.00	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : VNV469V59G9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 50 Massachusetts Ave NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-4214
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 49.00
Candidate Name	Category/Type	Transaction ID : VNV469V59H6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 50 Massachusetts Ave NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-4214
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 98.00
Candidate Name	Category/Type	Transaction ID : VNV469V59K2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 50 Massachusetts Ave NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-4214
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 652.00
Candidate Name	Category/Type	Transaction ID : VNV469V59N8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 50 Massachusetts Ave NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-4214
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 326.00
Candidate Name		Transaction ID : VNV469V59P6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. Freds Madison Avenue		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 660 Madison Ave		FEC Identification Number C
City New York	State NY	Zip Code 10065-8405
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 217.82
Candidate Name		Transaction ID : VNV469V5AC0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) c. Garden City Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 45 7th St		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2890
Purpose of Disbursement Event Space Rental & Catering		Amount of Each Disbursement this Period 3142.05
Candidate Name		Transaction ID : VNV469V59S0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 500 8th Ave		FEC Identification Number C
City New York	State NY	Zip Code 10018-6555
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2.49	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V58Z4 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 500 8th Ave		FEC Identification Number C
City New York	State NY	Zip Code 10018-6555
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 128.52	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V5944 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 500 8th Ave		FEC Identification Number C
City New York	State NY	Zip Code 10018-6555
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 61.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V5952 <input checked="" type="checkbox"/> Memo Item *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 500 8th Ave		FEC Identification Number C	
City New York	State NY	Zip Code 10018-6555	Amount of Each Disbursement this Period 25.82
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : VNV469V5960
Candidate Name		<input checked="" type="checkbox"/> Memo Item *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 500 8th Ave		FEC Identification Number C	
City New York	State NY	Zip Code 10018-6555	Amount of Each Disbursement this Period 26.35
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : VNV469V5977
Candidate Name		<input checked="" type="checkbox"/> Memo Item *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 500 8th Ave		FEC Identification Number C	
City New York	State NY	Zip Code 10018-6555	Amount of Each Disbursement this Period 65.18
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : VNV469V5985
Candidate Name		<input checked="" type="checkbox"/> Memo Item *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Walgreens		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 1 Jericho Tpkc		FEC Identification Number C
City Mineola	State NY	Zip Code 11501-2956
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 512.79	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V58X8 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America Business Card		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address PO Box 15710		FEC Identification Number C
City Wilmington	State DE	Zip Code 19850-5710
Purpose of Disbursement Credit Card Payment	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5637.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9FX3 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Adelphi Delicatessen		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 351 Nassau Blvd		FEC Identification Number C
City Garden City South	State NY	Zip Code 11530-5315
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 309.52	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9GR7 <input checked="" type="checkbox"/> Memo Item *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5637.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Amtrak

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 29.00

Transaction ID : VNV469V9GX6

Memo Item *

B. Amtrak

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 29.00

Transaction ID : VNV469V9H26

Memo Item *

C. Amtrak

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 58.00

Transaction ID : VNV469V9HJ2

Memo Item *

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Avellino's			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 279 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5313	Amount of Each Disbursement this Period 135.00	
Purpose of Disbursement Food for Volunteers		Category/ Type	Transaction ID : VNV469V9GDO	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Avellino's			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 279 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5313	Amount of Each Disbursement this Period 69.74	
Purpose of Disbursement Food for Volunteers		Category/ Type	Transaction ID : VNV469V9GE8	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Avellino's			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 279 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5313	Amount of Each Disbursement this Period 49.04	
Purpose of Disbursement Food for Volunteers		Category/ Type	Transaction ID : VNV469V9GJ9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Avellino's			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 279 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5313	Amount of Each Disbursement this Period 34.87	
Purpose of Disbursement Food for Volunteers		Category/ Type	Transaction ID : VNV469V9GP1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Avellino's			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 279 Nassau Blvd			FEC Identification Number C	
City Garden City South	State NY	Zip Code 11530-5313	Amount of Each Disbursement this Period 57.30	
Purpose of Disbursement Food for Volunteers		Category/ Type	Transaction ID : VNV469V9GW8	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Best Buy			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 1100 Old Country Rd			FEC Identification Number C	
City Westbury	State NY	Zip Code 11590-5625	Amount of Each Disbursement this Period 304.15	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : VNV469V9G80	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Blacklane			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 104 W 40th St Suites 400			FEC Identification Number C		
City New York	State NY	Zip Code 10018-3617	Amount of Each Disbursement this Period 97.42		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : VNV469V9H83		
Candidate Name		<input checked="" type="checkbox"/> Memo Item *			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Blacklane			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 104 W 40th St Suites 400			FEC Identification Number C		
City New York	State NY	Zip Code 10018-3617	Amount of Each Disbursement this Period 114.54		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : VNV469V9H91		
Candidate Name		<input checked="" type="checkbox"/> Memo Item *			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Blacklane			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016		
Mailing Address 104 W 40th St Suites 400			FEC Identification Number C		
City New York	State NY	Zip Code 10018-3617	Amount of Each Disbursement this Period 2.93		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : VNV469V9HE1		
Candidate Name		<input checked="" type="checkbox"/> Memo Item *			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Blacklane		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 104 W 40th St Suites 400		FEC Identification Number C
City New York	State NY	Zip Code 10018-3617
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 3.44
Candidate Name		Transaction ID : VNV469V9HF8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. CCP Solutions		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 74 Marine St		FEC Identification Number C
City Farmingdale	State NY	Zip Code 11735-5656
Purpose of Disbursement Printing of Campaign Materials		Amount of Each Disbursement this Period 225.64
Candidate Name		Transaction ID : VNV469V9FZ9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. Garden City Fine Wines-Spirits		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 166 7th St		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-5799
Purpose of Disbursement Event Supplies		Amount of Each Disbursement this Period 532.72
Candidate Name		Transaction ID : VNV469V9HK0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Garden City Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 45 7th St		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2890
Purpose of Disbursement Event Space Rental	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1139.35	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9G23 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. Garden City Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 45 7th St		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2890
Purpose of Disbursement Meals	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.36	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9G31 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) c. Garden City Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 45 7th St		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2890
Purpose of Disbursement Meals	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.36	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9G49 <input checked="" type="checkbox"/> Memo Item *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. My Three Sons Bagel Cafe		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 974 Franklin Ave		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2906
Purpose of Disbursement Food for Volunteers	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 89.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9GF6 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. My Three Sons Bagel Cafe		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 974 Franklin Ave		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2906
Purpose of Disbursement Food for Volunteers	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 67.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9GM5 <input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) c. My Three Sons Bagel Cafe		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 974 Franklin Ave		FEC Identification Number C
City Garden City	State NY	Zip Code 11530-2906
Purpose of Disbursement Food for Volunteers	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 85.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V9GQ9 <input checked="" type="checkbox"/> Memo Item *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. My Three Sons Bagel Cafe			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 974 Franklin Ave			FEC Identification Number C	
City Garden City	State NY	Zip Code 11530-2906	Amount of Each Disbursement this Period 32.60	
Purpose of Disbursement Food for Volunteers		Category/Type	Transaction ID : VNV469V9H18	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Pret A Manger			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 301 Pennsylvania Ave SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1148	Amount of Each Disbursement this Period 249.32	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : VNV469V9HA9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Target, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 999 Corporate Dr			FEC Identification Number C	
City Westbury	State NY	Zip Code 11590-6614	Amount of Each Disbursement this Period 749.71	
Purpose of Disbursement Event Supplies		Category/Type	Transaction ID : VNV469V9G07	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Brooklyn Events Center			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address 1 Metrotech Ctr			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11201-3948	Amount of Each Disbursement this Period 1088.50		
Purpose of Disbursement Event Space Rental		Category/Type	Transaction ID : VNV469V8AS4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Carefirst Blue Cross Blue Shield			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2016		
Mailing Address 840 1st St NE Union Center Plaza			FEC Identification Number C		
City Washington	State DC	Zip Code 20065-0003	Amount of Each Disbursement this Period 371.24		
Purpose of Disbursement Health Insurance		Category/Type	Transaction ID : VNV469V7XX7		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. First Data			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2016		
Mailing Address 5565 Glenridge Connector NE Ste 2000			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30342-1651	Amount of Each Disbursement this Period 422.47		
Purpose of Disbursement Credit Card Processing Fees		Category/Type	Transaction ID : VNV469V7Q08		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1882.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. First Data		M M / D D / Y Y Y Y 12 / 05 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		FEC Identification Number	
City Atlanta	State GA	C	
Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fees	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	246.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V7Q15	
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. First Data		M M / D D / Y Y Y Y 12 / 05 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		FEC Identification Number	
City Atlanta	State GA	C	
Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fees	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	7.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V7Q23	
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. First Data		M M / D D / Y Y Y Y 12 / 05 / 2016	
Mailing Address 5565 Glenridge Connector NE Ste 2000		FEC Identification Number	
City Atlanta	State GA	C	
Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fees	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	1.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V7Q31	
State: District:		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	255.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Mandate Media		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016
Mailing Address PO Box 80151		FEC Identification Number C
City Portland	State OR	Zip Code 97280-1151
Purpose of Disbursement Consultant - Strategy	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V7V64
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. May, Margaret, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2016
Mailing Address 151 Linden Rd		FEC Identification Number C
City Mineola	State NY	Zip Code 11501-1519
Purpose of Disbursement Consultant - Compliance	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1750.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V89G0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Myron Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016
Mailing Address 205 Maywood Ave		FEC Identification Number C
City Maywood	State NJ	Zip Code 07607-1007
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9126.24	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNV469V7MD4
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13076.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Next Level Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 410 1st St SE Ste 310		FEC Identification Number C
City Washington	State DC	Zip Code 20003-1866
Purpose of Disbursement Consultant - Compliance		Amount of Each Disbursement this Period 1750.00
Candidate Name		Transaction ID : VNV469V7MS9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 410 1st St SE Ste 310		FEC Identification Number C
City Washington	State DC	Zip Code 20003-1866
Purpose of Disbursement Office Rent		Amount of Each Disbursement this Period 391.86
Candidate Name		Transaction ID : VNV469V7MT7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement Software		Amount of Each Disbursement this Period 2325.00
Candidate Name		Transaction ID : VNV469V9FT0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4466.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 6092.81
Candidate Name		Transaction ID : VNV469V7ME2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kramer, Max, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016
Mailing Address 2856 Rockaway Ave		FEC Identification Number C
City Oceanside	State NY	Zip Code 11572-1017
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 2253.69
Candidate Name		Transaction ID : VNV469V7MF0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. Lamb, Coleman, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016
Mailing Address 139 S Kensington Ave Fl 2		FEC Identification Number C
City Rockville Centre	State NY	Zip Code 11570-5615
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 606.60
Candidate Name		Transaction ID : VNV469V7MG8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6092.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Reilly, Nell, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 1401 S St NW Apt 621			FEC Identification Number C	
City Washington	State DC	Zip Code 20009-5988	Amount of Each Disbursement this Period 606.60	
Purpose of Disbursement Payroll		Category/ Type 002	Transaction ID : VNV469V7MH5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Walsh, Amanda, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 42 Hilton Ave			FEC Identification Number C	
City Garden City	State NY	Zip Code 11530-4428	Amount of Each Disbursement this Period 594.11	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : VNV469V7MJ3	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Wise, Brittany, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2016	
Mailing Address 9143 Cranesbill Trace Apt 515			FEC Identification Number C	
City Prospect	State KY	Zip Code 40059	Amount of Each Disbursement this Period 2031.81	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VNV469V7MM9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 3142.61		
Purpose of Disbursement Payroll - Taxes		Category/ Type	Transaction ID : VNV469V7MQ3		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 65.75		
Purpose of Disbursement Payroll - Invoice		Category/ Type	Transaction ID : VNV469V7MR1		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 2261.44		
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VNV469V7XZ3		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5469.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Kramer, Max, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address 2856 Rockaway Ave			FEC Identification Number C	
City Oceanside	State NY	Zip Code 11572-1017	Amount of Each Disbursement this Period 229.63	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VNV469V7Y19	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Wise, Brittany, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address 9143 Cranesbill Trace Apt 515			FEC Identification Number C	
City Prospect	State KY	Zip Code 40059	Amount of Each Disbursement this Period 2031.81	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VNV469V7Y27	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 1235.94	
Purpose of Disbursement Payroll - Taxes		Category/ Type	Transaction ID : VNV469V7Y35	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1235.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 60.35	
Purpose of Disbursement Payroll - Invoice		Category/Type	Transaction ID : VNV469V7Y43	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 2261.43	
Purpose of Disbursement Payroll		Category/Type	Transaction ID : VNV469V9FQ6	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Kramer, Max, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016	
Mailing Address 2856 Rockaway Ave			FEC Identification Number C	
City Oceanside	State NY	Zip Code 11572-1017	Amount of Each Disbursement this Period 229.62	
Purpose of Disbursement Payroll		Category/Type	Transaction ID : VNV469V9FR4	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2321.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Wise, Brittany, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016	
Mailing Address 9143 Cranesbill Trace Apt 515			FEC Identification Number C	
City Prospect	State KY	Zip Code 40059	Amount of Each Disbursement this Period 2031.81	
Purpose of Disbursement Payroll			Transaction ID : VNV469V9FS2	
Candidate Name			<input checked="" type="checkbox"/> Memo Item *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 60.35	
Purpose of Disbursement Payroll - Invoice			Transaction ID : VNV469V9FV8	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Paychex			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 1235.95	
Purpose of Disbursement Payroll - Taxes			Transaction ID : VNV469V9FW6	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1296.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Tavern, Hendrick's, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016	
Mailing Address 1304 Old Northern Boulevard			FEC Identification Number C	
City Roslyn	State NY	Zip Code 11576-2244	Amount of Each Disbursement this Period 2688.28	
Purpose of Disbursement Event Space Rental & Catering		Category/ Type	Transaction ID : VNV469V8AM5	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. The Frost Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2016	
Mailing Address 3701 Porter St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20016-3103	Amount of Each Disbursement this Period 5040.00	
Purpose of Disbursement Consultant - Fundraising		Category/ Type	Transaction ID : VNV469V7V72	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Tri Star Graphics Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address PO Box 7013 11 Red Maple Drive North			FEC Identification Number C	
City Wantagh	State NY	Zip Code 11793-0613	Amount of Each Disbursement this Period 2909.85	
Purpose of Disbursement Printing of Campaign Materials		Category/ Type	Transaction ID : VNV469V8123	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	10638.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Tucker Green Consulting, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 30 Broad St			FEC Identification Number C	
City New York	State NY	Zip Code 10004-2909	Amount of Each Disbursement this Period 8000.00	
Purpose of Disbursement Consultant - Fundraising		Category/Type	Transaction ID : VNV469V7MW2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Tucker Green Consulting, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 30 Broad St			FEC Identification Number C	
City New York	State NY	Zip Code 10004-2909	Amount of Each Disbursement this Period 1094.99	
Purpose of Disbursement Travel		Category/Type	Transaction ID : VNV469V7N04	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address PO Box 20980			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30320-0980	Amount of Each Disbursement this Period 876.60	
Purpose of Disbursement Travel		Category/Type	Transaction ID : VNV469V7N53	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	9094.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016
Mailing Address 30 Broad St		FEC Identification Number C
City New York	State NY	Zip Code 10004-2909
Purpose of Disbursement Reimbursement (Vendors that Aggregate Over \$200 Listed Below)		Amount of Each Disbursement this Period 230.90
Candidate Name		Transaction ID : VNV469V89K4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Adelphi Delicatessen		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016
Mailing Address 351 Nassau Blvd		FEC Identification Number C
City Garden City South	State NY	Zip Code 11530-5315
Purpose of Disbursement Meals		Amount of Each Disbursement this Period 23.50
Candidate Name		Transaction ID : VNV469V89M2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	230.90
TOTAL This Period (last page this line number only).....▶	68567.80