

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. Kathleen Rice for Congress

ADDRESS (number and street) 410 Jericho Turnpike Jericho NY 11753

2. FEC IDENTIFICATION NUMBER C C00555813 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE 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 06 / 24 / 2014 in the State of NY (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 04 / 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 Michael G. Norman

Signature of Treasurer Michael G. Norman [Electronically Filed] Date 06 / 12 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kathleen Rice for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

	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))....	644034.78	2115511.82
(b) Total Contribution Refunds (from Line 20(d))	1078.00	1078.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	642956.78	2114433.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	469392.47	638971.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	710.88	726.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	468681.59	638245.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1476188.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kathleen Rice for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	475251.00	1800101.00
(ii) Unitemized.....	39316.13	72343.17
(iii) TOTAL of contributions from individuals ▶	514567.13	1872444.17
(b) Political Party Committees.....	317.65	317.65
(c) Other Political Committees (such as PACs).....	129150.00	242750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	644034.78	2115511.82
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	710.88	726.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	644745.66	2116238.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	469392.47	638971.82
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	1078.00	1078.00
(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)).....	1078.00	1078.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	470470.47	640049.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1301913.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	644745.66
25. SUBTOTAL (add Line 23 and Line 24).....	1946658.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	470470.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1476188.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Sean Acosta		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 3515 S. Ocean Blvd.		Transaction ID : C8812704
City Highland Beach	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Property tax reduction	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Joanne K. Adams		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address 164 Brompton Road		Transaction ID : C8772212
City Garden City	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Marilyn A. Albanese		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address 747 Rensens Lane		Transaction ID : C8772329
City Muttontown	State NY	Zip Code 11771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Employer Information Requested	Occupation Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 230
(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)
Deborah Algios

Mailing Address 352 Harvard Avenue

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772500

Amount of Each Receipt this Period
100.00

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

Mailing Address 45 East End Ave
Apt 9J

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803206

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 122

City State Zip Code
Massapequa NY 11758

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

Name of Employer Occupation
Law Offices of Mark E. Alter Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813174

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jonathan J. Amoona

Mailing Address 222 East 34th St., #2103

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Winston & Strawn LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : C8650569

Amount of Each Receipt this Period
300.00

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

Mailing Address 12151 Fairfax Station Rd

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C8786807

Amount of Each Receipt this Period
1500.00

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

Mailing Address 305 Hillside Ave

City State Zip Code
Bellmore NY 11710

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : C8635736

Amount of Each Receipt this Period
250.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Suzanne Aral-Boutros

Mailing Address 21 B Cedar Swamp Road

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
Suzanne Aral-Boutros Agency Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : C8765655

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
William J. Arnone

Mailing Address 29 Longview Road

City State Zip Code
Port Washington NY 11050

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809529

Amount of Each Receipt this Period
500.00

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

Mailing Address 892 Metropolitan Ave

City State Zip Code
Brooklyn NY 11211

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

Name of Employer Occupation
Attri Ent. Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : C8650405

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Ben Barnes		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address 901 South Mopac Expressway Ste 1-100		Transaction ID : C8790889
City Austin	State TX	
Zip Code 78701		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Ben Barnes Group	Occupation Principal	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Ben Barnes		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address 901 South Mopac Expressway Ste 1-100		Transaction ID : C8791576
City Austin	State TX	
Zip Code 78701		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Ben Barnes Group	Occupation Principal	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Tyler Barnet		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 734 Franklin Avenue		Transaction ID : C8800481
City Garden City	State NY	
Zip Code 11530		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Digital Marketing	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Baron

Mailing Address 1 Anchor Court

City Oyster Bay State NY Zip Code 11771

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

Name of Employer Hoffmann & Baron Occupation Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : C8776384

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Joanna C. Bayless

Mailing Address 160 3. 38th St. #24D

City New York State NY Zip Code 10016

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814080

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 160 3. 38th St. #24D

City New York State NY Zip Code 10016

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814082

Amount of Each Receipt this Period
 2400.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 1965 Broadway

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Land America Financial Group Title Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8817121

Amount of Each Receipt this Period
2600.00

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

Mailing Address 555 Madison Avenue -- 21st FL

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Wechsler Associates Life Insurance Agents

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779660

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 Fifth Ave
Apt 20C

City State Zip Code
New York NY 10003-4340

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814072

Amount of Each Receipt this Period
2000.00

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Edward Bennett

Mailing Address 10 Croydon Drive

City North Merrick State NY Zip Code 11566

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : C8786815

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 939 Ripley Lane

City Oyster Bay State NY Zip Code 11771

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779266

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 939 Ripley Lane

City Oyster Bay State NY Zip Code 11771

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813155

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Marion Bergman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2014
Mailing Address 104A Middleville Road		Transaction ID : C8649139
City Northport	State NY	
Zip Code 11768		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Marion Bergman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2014
Mailing Address 104A Middleville Road		Transaction ID : C8649576
City Northport	State NY	
Zip Code 11768		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Susan Berland		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2014
Mailing Address 16 Wildwood Drive		Transaction ID : C8750451
City Dix Hills	State NY	
Zip Code 11746		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Town of Huntington	Occupation Councilwoman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Gene Bernstein		Date of Receipt MM / DD / YYYY 06 / 03 / 2014
Mailing Address 170 East End Ave., #9A		Transaction ID : C8808667
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Northville Industries	Occupation Chariman/Executive	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Willa Bernstein		Date of Receipt MM / DD / YYYY 06 / 01 / 2014
Mailing Address 20 East 9th Street, Apt. 14U		Transaction ID : C8804275
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer N/A	Occupation Unemployed	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Debbie Berthold		Date of Receipt MM / DD / YYYY 05 / 29 / 2014
Mailing Address 5207 Commodore Bluff		Transaction ID : C8800711
City Suffolk	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	4600.00
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 230
(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)
Betsy Blattmachr

Mailing Address 77 Hampton Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : C8717919

Amount of Each Receipt this Period
1000.00

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

Mailing Address 77 Hampton Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : C8762283

Amount of Each Receipt this Period
700.00

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

Mailing Address 77 Hampton Road

City State Zip Code
Garden City NY 11530-2709

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : C8762226

Amount of Each Receipt this Period
600.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jonathan G. Blattmachr

Mailing Address 77 Hampton Road

City Garden City State NY Zip Code 11530-2709

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809745

Amount of Each Receipt this Period
500.00

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

Mailing Address 6301 Ivy Lane, Ste. 300

City Greenbelt State MD Zip Code 20770

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

Name of Employer Gryphon Technologies LC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800714

Amount of Each Receipt this Period
2600.00

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

Mailing Address 6301 Ivy Lane, Ste. 300

City Greenbelt State MD Zip Code 20770

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

Name of Employer Gryphon Technologies LC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800715

Amount of Each Receipt this Period
2600.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Thomas J. Breen

Mailing Address 75 Hither Lane

City East Hampton State NY Zip Code 11937-2634

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779264

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Bert E. Brodsky

Mailing Address 26 Harbor Park Drive

City Port Washington State NY Zip Code 11050

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

Name of Employer Occupation
Sandata Technologies Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8817087

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Miranda E. Brooks

Mailing Address 5 Overlook Road

City Locust Valley State NY Zip Code 11560

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

Name of Employer Occupation
Planned Parenthood of Nassau County Board Chair

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : C8772533

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ingrid Brownyard

Mailing Address P.O. Box 704

City Shelter Island State NY Zip Code 11964

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

Name of Employer Hamptons Design Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : C8803605

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 31 Elizabeth Drive

City Syosset State NY Zip Code 11791

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

Name of Employer Graphic Concepts Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814108

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 31 Elizabeth Drive

City Syosset State NY Zip Code 11791

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

Name of Employer Graphic Concepts Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814107

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Nancy Butler		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 31 Elizabeth Drive		Transaction ID : C8814096
City Syosset	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Nancy Butler		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 31 Elizabeth Drive		Transaction ID : C8814099
City Syosset	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Charles E. Callahan III		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 118-35 Queens Boulevard Ste 105		Transaction ID : C8817123
City Forest Hills	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Plaza College	Occupation Provost	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 19 Gaul Rd.

City State Zip Code
Setauket NY 11733

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

Name of Employer Occupation
Jovian Holdings CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8813179

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Anthony M. Cancellieri

Mailing Address 506 Raymond Street

City State Zip Code
Rockville Centre NY 11570-2740

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8812477

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jolyne Caruso-FitzGerald

Mailing Address 205 Circle Drive

City State Zip Code
Plandome Manor NY 11030

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

Name of Employer Occupation
The Alberleen Group Investment Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8808956

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 2110 Northern Blvd.
Castagna Realty Co.

City Manhasset State NY Zip Code 11030-3500

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808275

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2110 Northern Boulevard
Castagna Realty Co.

City Manhasset State NY Zip Code 11030

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772274

Amount of Each Receipt this Period
1300.00

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

Mailing Address 2110 Northern Boulevard
Castagna Realty Co.

City Manhasset State NY Zip Code 11030

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808277

Amount of Each Receipt this Period
1300.00

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Bernadette Castro

Mailing Address 95 Forest Avenue
Castro Realty

City Locust Valley State NY Zip Code 11560

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : C8781214

Amount of Each Receipt this Period
 500.00

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

Mailing Address 62 Osborne Rd

City Garden City State NY Zip Code 11530

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

Name of Employer New York State Smart Grid Consortium Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803107

Amount of Each Receipt this Period
 600.00

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

Mailing Address 62 Osborne Rd

City Garden City State NY Zip Code 11530

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

Name of Employer New York State Smart Grid Consortium Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803108

Amount of Each Receipt this Period
 2600.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Adam Charnoff		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 160 West End Avenue 21-J		Transaction ID : C8793117
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KCDA	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Allan Chasanoff		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 117 E. 36th Street		Transaction ID : C8814127
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self-Employed	Occupation Real Estate	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Allan Chasanoff		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 117 E. 36th Street		Transaction ID : C8814129
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self-Employed	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 13	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 965 Fifth Avenue Apt 13B

City State Zip Code
New York NY 10075

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809513

Amount of Each Receipt this Period
2600.00

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

Mailing Address 965 Fifth Avenue Apt 13B

City State Zip Code
New York NY 10075

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809512

Amount of Each Receipt this Period
2600.00

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

Mailing Address 60 East End Avenue #17C

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Colliers International Commercial Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808942

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: (check only one)	PAGE 25 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Stephen Chasanoff		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 60 East End Avenue #17C		Transaction ID : C8810749
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Colliers International	Occupation Commercial Real Estate Broker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Henry Christensen III		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 340 Madison Avenue McDermott Will & Emery, LLP		Transaction ID : C8809531
City State Zip Code New York NY 10173	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer McDermott Will & Emery, LLP	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. Joel Citron		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 271 Central Park West		Transaction ID : C8810208
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Tenth Avenue Holdings	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Joel Citron		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 271 Central Park West		Transaction ID : C8810751	
City New York	State NY	Zip Code 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Tenth Avenue Holdings	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. J. Peter Coll Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 385 Stewart Ave.		Transaction ID : C8804140	
City Garden City	State NY	Zip Code 11530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Orrick, Herrington, & Sutcliffe	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. John Collins		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 117 West Shore Road		Transaction ID : C8808735	
City Huntington	State NY	Zip Code 11743	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Winthrop Hospital	Occupation President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Chris Connors

Mailing Address 1851 Bassett Street

City State Zip Code
Denver CO 80202

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

Name of Employer Occupation
Self Employed Marketing/advertising

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : C8804283

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John V Connorton Jr.

Mailing Address 40 River Road
Apt 9N

City State Zip Code
New York NY 10044

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

Name of Employer Occupation
Hawkins Delafield & Wood LLP lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : C8808305

Amount of Each Receipt this Period
1000.00

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

Mailing Address 203 East 72nd Street

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Shufro, Rose & Co., LLC Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : C8779773

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 230		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) David Cooper		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 2800 Marcus Avenue		Transaction ID : C8813148
City Lake Success	State NY	
Zip Code 11042	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer ProHEALTH Corp	Occupation Physician	Election Cycle-to-Date 3600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Stephen F Cooper		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 75 Rockefeller Plaza 30th Floor		Transaction ID : C8813874
City New York	State NY	
Zip Code 10019	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Warner Music Group	Occupation CEO	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Betty Cotton		Date of Receipt MM / DD / YYYY 04 / 18 / 2014
Mailing Address 930 5th Avenue, #4E		Transaction ID : C8751153
City New York	State NY	
Zip Code 10021	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation retired	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Howard Cowan		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 530 Fifth Avenue, 14th Floor 14th Floor		Transaction ID : C8800613
City New York	State NY	
Zip Code 10036		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Name of Employer Cowan Financial Group
Occupation President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00

Full Name (Last, First, Middle Initial) Denis Cronin		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 64 Elderfields Rd		Transaction ID : C8650534
City Manhasset	State NY	
Zip Code 11030-1623		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Name of Employer Vinson & Elkins
Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00

Full Name (Last, First, Middle Initial) Linda Cronin		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 64 Elderfields Road		Transaction ID : C8650536
City Manhasset	State NY	
Zip Code 11030		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Name of Employer N/A
Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2900.00

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 64 Elderfields Road

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2900.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : C8808629

Amount of Each Receipt this Period
300.00

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

Mailing Address 52 Duane St., 7th Fl.
Crotty Saland

City State Zip Code
New York NY 10007

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

Name of Employer Occupation
Crotty Saland Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C8799085

Amount of Each Receipt this Period
250.00

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

Mailing Address 1035 Fifth Avenue -Apt.8A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Compassionate Touch LLC Holistic Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809740

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 2800 East Sunrise Blvd
10A

City Ft. Lauderdale State FL Zip Code 33304

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

Name of Employer Gryphon Technologies Occupation Business Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C8792743

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 445 Broadhollow Road, Suite 205

City Melville State NY Zip Code 11747

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

Name of Employer Law Offices of Audra E. Dehan Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : C8773286

Amount of Each Receipt this Period
 800.00

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

Mailing Address 1399 Franklin Avenue
Morici & Morici

City Garden City State NY Zip Code 11530

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

Name of Employer Lawrence and Walsh, P.C. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814040

Amount of Each Receipt this Period
 2600.00

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

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

4400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Mariana Dimitrova		Date of Receipt MM / DD / YYYY 06 / 02 / 2014
Mailing Address 207 W 110th St, Apt 22		Transaction ID : C8808271
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Publicis	Occupation Advertising	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Eric Dinallo		Date of Receipt MM / DD / YYYY 04 / 11 / 2014
Mailing Address 45 W. 10th St., Apt. 4D		Transaction ID : C8653550
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Debevoise & Plimpton	Occupation Lawyer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) Eric Dinallo		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 45 W. 10th St., Apt. 4D		Transaction ID : C8812501
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Debevoise & Plimpton	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 1668 Bullock Circle

City Owings Mills State MD Zip Code 21117-1609

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

Name of Employer DLA Piper Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808752

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 117 East 72nd Street

City New York State NY Zip Code 10021

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

Name of Employer Duquesne Family Office LLC Occupation Private Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : C8749498

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 59 Glenwood Road

City Plainview State NY Zip Code 11803

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8804638

Amount of Each Receipt this Period
 100.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 333 Little John

City Houston State TX Zip Code 77024

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808708

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 35 E. 86th Str Apt 11F

City New York State NY Zip Code 10028

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8817122

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 33 East 33rd St., Ste. 1107

City New York State NY Zip Code 10016

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

Name of Employer Inside Sports and Entertainment Occupation Entertainment Experiences

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8799039

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Richard Ebers

Mailing Address 33 East 33rd St., Ste. 1107

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Inside Sports and Entertainment Entertainment Experiences

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8800147

Amount of Each Receipt this Period
2600.00

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

Mailing Address 32 Winding Way

City State Zip Code
Woodcliff Lake NJ 07677

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

Name of Employer Occupation
The Law Offices of Balkin & Eisbrouch, Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : C8784109

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Donna El-Maadawy

Mailing Address 351 E 51st L1D

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
148 South Emerson Associates, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814122

Amount of Each Receipt this Period
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Donna El-Maadawy

Mailing Address 351 E 51st L1D

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
148 South Emerson Associates, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8814123

Amount of Each Receipt this Period
2600.00

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

Mailing Address 86 Cove Road
Oyster Bay Cove

City State Zip Code
Oyster Bay NY 11771-2417

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1950.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : C8756354

Amount of Each Receipt this Period
500.00

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

Mailing Address 66 Washington Avenue

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Self-Employed Private Investigations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : C8764914

Amount of Each Receipt this Period
150.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Patty Evans

Mailing Address 66 Washington Avenue

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Self-Employed Private Investigations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808490

Amount of Each Receipt this Period
100.00

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

Mailing Address 610 Fifth Avenue, Ste. 401

City State Zip Code
New York NY 10020

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

Name of Employer Occupation
Rockefeller University Chief Investment Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808282

Amount of Each Receipt this Period
2000.00

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

Mailing Address 717 Fifth Avenue, 18th Floor
Island Capital

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Island Capital Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8800308

Amount of Each Receipt this Period
2600.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Andrew Farkas		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 717 Fifth Avenue, 18th Floor Island Capital		Transaction ID : C8802750
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Island Capital	Occupation Finance	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Gary A. Farrell		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 305 Broadway Fl 14		Transaction ID : C8809101
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Lawyer	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Florence M. Fass		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1225 Franklin Ave., Suite 205		Transaction ID : C8810246
City Garden City	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fass & Greenberg	Occupation Partner	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Leslie Fastenberg

Mailing Address 92 Wheatley Road

City State Zip Code
Old Westbury NY 11568

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : C8768214

Amount of Each Receipt this Period
1000.00

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

Mailing Address 708 Mitchel Field Way

City State Zip Code
Garden City NY 11530-5059

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

Name of Employer Occupation
Nassau Community College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : C8756793

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 avenue A
Apt 5E

City State Zip Code
New York NY 10009

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

Name of Employer Occupation
Partnership for NYC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : C8784859

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Marc Feinberg

Mailing Address 14 East 90th St., #2A

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
BWD Group Insurance broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808874

Amount of Each Receipt this Period
1000.00

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

Mailing Address 67 Garden Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
cbs outdoor Vice President of Business Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C8791559

Amount of Each Receipt this Period
250.00

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

Mailing Address 205 Circle Drive

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Self-Employed Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808838

Amount of Each Receipt this Period
2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Peter Florey

Mailing Address 25 Highview Drive

City: Huntington State: NY Zip Code: 11743

FEC ID number of contributing federal political committee: C

Name of Employer: The D&F Development Group Occupation: Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 03 / 2014

Transaction ID : C8809491

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 25 Highview Drive

City: Huntington State: NY Zip Code: 11743

FEC ID number of contributing federal political committee: C

Name of Employer: The D&F Development Group Occupation: Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 03 / 2014

Transaction ID : C8809534

Amount of Each Receipt this Period: 600.00

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

Mailing Address 68 Piping Rock Road

City: Locust Valley State: NY Zip Code: 11560-2229

FEC ID number of contributing federal political committee: C

Name of Employer: Fleishman Hillard Occupation: Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 12 / 2014

Transaction ID : C8779272

Amount of Each Receipt this Period: 500.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 291 Ocean Avenue

City State Zip Code
Lawrence NY 11559

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

Name of Employer Occupation
Self-Employed Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8802785

Amount of Each Receipt this Period
2600.00

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

Mailing Address 67 Dogwood Lane

City State Zip Code
Locust Valley NY 11560

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : C8774409

Amount of Each Receipt this Period
1600.00

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

Mailing Address 67 Dogwood Lane

City State Zip Code
Locust Valley NY 11560

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : C8778373

Amount of Each Receipt this Period
1000.00

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

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

5200.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 43 OF 230

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address P.O. Box 311

City State Zip Code
 Old Westbury NY 11568

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

Name of Employer Occupation
 Self-Employed Retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : C8754650

Amount of Each Receipt this Period
 300.00

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

Mailing Address 36 Fairview Ave.

City State Zip Code
 Tarrytown NY 10591

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

Name of Employer Occupation
 Morvillo, Abramowitz, Grand, Iason, An Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772330

Amount of Each Receipt this Period
 750.00

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

Mailing Address 365 Stewart Ave.
 Apt. A18W

City State Zip Code
 Garden City NY 11530

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

Name of Employer Occupation
 Daniel Gale Sotheby's Intl. Realty Associate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : C8654439

Amount of Each Receipt this Period
 100.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Claudia Galvin		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 365 Stewart Ave. Apt. A18W		Transaction ID : C8763728
City Garden City	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Daniel Gale Sotheby's Intl. Realty	Occupation Associate Broker	Amount of Each Receipt this Period 600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Claudia Galvin		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 365 Stewart Ave. Apt. A18W		Transaction ID : C8804252
City Garden City	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Daniel Gale Sotheby's Intl. Realty	Occupation Associate Broker	Amount of Each Receipt this Period 600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Angelo J. Genova		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 494 Broad Street Genova, Burns & Giantomasi		Transaction ID : C8652804
City Newark	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Genova, Burns, Giantomasi Webster LLC	Occupation Attorney	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. James Gerace		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 4 Fairway		Transaction ID : C8802776
City Randolph	State NJ	Zip Code 07869
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer Verizon	Occupation Chief Communications Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Kevin G. Gershowitz		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2014
Mailing Address 21 Old Bridge Court		Transaction ID : C8649567
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer Gershow Recycling	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Kevin G. Gershowitz		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2014
Mailing Address 21 Old Bridge Court		Transaction ID : C8649569
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2400.00
Name of Employer Gershow Recycling	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) David Godosky		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 219 East 83rd Street #2		Transaction ID : C8809481
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Godosky & Gentile, PC	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Lloyd Goldman		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 941 Park Avenue PHa		Transaction ID : C8803615
City NEw York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bldg Management Company, Inc.	Occupation Real Estate Owner/Operator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Anne Goodwin		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 129 East 69th street		Transaction ID : C8800480
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Mary Ann Gordon		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 3 Drury Lane		Transaction ID : C8749564
City Port Washington	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Private Practice	Occupation Addiction Specialist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00	

Full Name (Last, First, Middle Initial) Mary Ann Gordon		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 3 Drury Lane		Transaction ID : C8769555
City Port Washington	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Private Practice	Occupation Addiction Specialist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00	

Full Name (Last, First, Middle Initial) Robert Gottlieb		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address Gottlieb and Gordon Trinity Building, 111 Broadway, Su		Transaction ID : C8810590
City New York	State NY	Zip Code 10006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Gottlieb and Gordon	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Lorraine Grasso		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 231 Piping Rock Road		Transaction ID : C8810257	
City Locust Valley	State NY	Zip Code 11560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Private Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Jeffrey Greenfield		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 5 Huber Court		Transaction ID : C8800633	
City Rockville Centre	State NY	Zip Code 11570	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NGL Group	Occupation Managing Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575.00		

Full Name (Last, First, Middle Initial) Paul Gruvman		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 61 Broadway Suite 2715		Transaction ID : C8799092	
City New York	State NY	Zip Code 10006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Gruvman, Giordano & Glaws, LLP	Occupation Partner / Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Paul Gruvman		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 61 Broadway Suite 2715		Transaction ID : C8799095
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gruvman, Giordano & Glaws, LLP	Occupation Partner / Lawyer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Daniel Guisbond		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1330 1st Ave., Apt. 425		Transaction ID : C8799065
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Winston & Strawn LLP	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. Clare T. Gustafson		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 18 Stratford Green		Transaction ID : C8810308
City Farmingdale	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Fran Gutleber		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 87 Fruitledge Road		Transaction ID : C8772273	
City Brookville	State NY	Zip Code 11545	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. Fran Gutleber		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 87 Fruitledge Road		Transaction ID : C8808274	
City Brookville	State NY	Zip Code 11545	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. John J. Gutleber		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 2110 Northern Blvd Americana Manhasset		Transaction ID : C8808273	
City Manhasset	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Americana Manhasset	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 420 E. 23rd St., Apt. MC

City State Zip Code
New York NY 10010-4001

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

Name of Employer Occupation
James M Haddad Law Office Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800708

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 Beach Road

City State Zip Code
Sands Point NY 11050

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : C8749457

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1 Beach Road

City State Zip Code
Sands Point NY 11050

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : C8749458

Amount of Each Receipt this Period
2600.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Jacqueline Haggerty

Mailing Address 38 Bonnie Drive

City State Zip Code
Fort Salonga NY 11768

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : C8756625

Amount of Each Receipt this Period
2600.00

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

Mailing Address 56 East 13th Street

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Shearman & Sterling Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : C8758592

Amount of Each Receipt this Period
2600.00

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

Mailing Address 71 Smith Street

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C8786814

Amount of Each Receipt this Period
250.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 17 West 122nd Street

City State Zip Code
New York NY 10027-5602

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

Name of Employer Occupation
National Action Network, Inc. Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : C8804139

Amount of Each Receipt this Period
500.00

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

Mailing Address 16 The Ridge

City State Zip Code
Plandome NY 11030

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803116

Amount of Each Receipt this Period
2600.00

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

Mailing Address 16 The Ridge

City State Zip Code
Plandome NY 11030

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803115

Amount of Each Receipt this Period
2400.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Kathryn Harvey		Date of Receipt MM / DD / YYYY 05 / 26 / 2014
Mailing Address 180 West 20th Street, 15G		Transaction ID : C8794677
City New York	State NY	
Zip Code 10011		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer Publicis	Occupation Advertising Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kathryn Harvey		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 180 West 20th Street, 15G		Transaction ID : C8802986
City New York	State NY	
Zip Code 10011		Amount of Each Receipt this Period 1850.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer Publicis	Occupation Advertising Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kathryn Harvey		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 180 West 20th Street, 15G		Transaction ID : C8810779
City New York	State NY	
Zip Code 10011		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer Publicis	Occupation Advertising Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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

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

Mailing Address 14 Stonewell Road

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : C8802938

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jane L. Havemeyer

Mailing Address 30 Sutton Place
Apt 2 C

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : C8768324

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jane L. Havemeyer

Mailing Address 30 Sutton Place
Apt 2 C

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809488

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Joanna Heimbold

Mailing Address 25 Leeward Lane

City Riverside State CT Zip Code 06878

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

Name of Employer Self Employed Occupation Interior Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813158

Amount of Each Receipt this Period
2600.00

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

Mailing Address 10203 Bieber Place

City Silver Spring State MD Zip Code 20901

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

Name of Employer WSW Government Affairs Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : C8789972

Amount of Each Receipt this Period
500.00

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

Mailing Address 745 Fifth Avenue, 4th Floor

City New York State NY Zip Code 10151

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

Name of Employer The Heller Group LLC Occupation Art Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779288

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Barbara Hoover		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 759 Remsens Lane		Transaction ID : C8772338
City Oyster Bay	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Lorraine Huschle		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 30 Underhill Road		Transaction ID : C8757756
City Locust Valley	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 900.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Lorraine Huschle		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 30 Underhill Road		Transaction ID : C8779268
City Locust Valley	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 900.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Allen S. Kaplan

Mailing Address 30-17 40th Avenue
Metro Systems Corp.

City Long Island City State NY Zip Code 11101

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

Name of Employer Metro Systems Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2014

Transaction ID : C8649565

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Omar A. Karim

Mailing Address 64 Ridge Road

City Albertson State NY Zip Code 11507

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

Name of Employer Self-Employed Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : C8758618

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Randi L Karmel

Mailing Address 300 E. 71st St., Apt. 6-H

City New York State NY Zip Code 10021

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8812490

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Jason Katz		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 27 Barstow Road Suite 202		Transaction ID : C8812745
City Great Neck	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer AVM Software Inc.	Occupation Executive	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Jason Katz		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 27 Barstow Road Suite 202		Transaction ID : C8813114
City Great Neck	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer AVM Software Inc.	Occupation Executive	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Jill Katz Bernstein		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 26 Pheasant Run Road		Transaction ID : C8810607
City Old Westbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
William Keats

Mailing Address 64 Roydon Dr. East

City Merrick	State NY	Zip Code 11566
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Tax Advisor
-----------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809536

Amount of Each Receipt this Period
100.00

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

Mailing Address 64 Roydon Dr. East

City Merrick	State NY	Zip Code 11566
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Tax Advisor
-----------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813150

Amount of Each Receipt this Period
100.00

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

Mailing Address 370 Manhasset Woods Road

City Manhasset	State NY	Zip Code 11030
-------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8775955

Amount of Each Receipt this Period
250.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Marjorie G. Kellner

Mailing Address 16 Cedarhurst Avenue

City Cedarhurst State NY Zip Code 11516

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

Name of Employer Harvest Management Occupation Portfolio manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : C8758619

Amount of Each Receipt this Period
 250.00

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

Mailing Address 100 Hilton Avenue Suite 114

City Garden City State NY Zip Code 11530

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8805569

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Patricia A. Kenner

Mailing Address 720 Park Avenue, Apt. 6B

City New York State NY Zip Code 10021

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

Name of Employer Campus Coach Lines Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808643

Amount of Each Receipt this Period
 250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Terri Keogh

Mailing Address 95 Forest Avenue
Castro Realty

City Locust Valley State NY Zip Code 11560

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

Name of Employer Castro Realty Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : C8781213

Amount of Each Receipt this Period
 500.00

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

Mailing Address 76 Wood Lane

City Woodmere State NY Zip Code 11598-2233

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772361

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 212 West 18th Street
Apt 9AB

City New York State NY Zip Code 10011

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

Name of Employer Quinn Emanuel Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : C8793353

Amount of Each Receipt this Period
 1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Keith Klein

Mailing Address 304 Heights Lane

City Tenafly State NJ Zip Code 07670

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

Name of Employer Camp Laurel Occupation Camp Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779656

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Orin S Kramer

Mailing Address 717 Fifth Avenue

City New York State NY Zip Code 10022-1615

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

Name of Employer Boston Provident LP Occupation Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : C8787993

Amount of Each Receipt this Period
 1000.00

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

Mailing Address Imperial House
150 E. 69th Street, #4K

City New York State NY Zip Code 10021

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8799824

Amount of Each Receipt this Period
 2500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Edgard Laborde

Mailing Address 505 Liberty Street

City Uniondale State NY Zip Code 11553

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

Name of Employer WBVA Med Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813162

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Benjamin V. Lambert

Mailing Address Eastdil Secured
40 West 57th Street, 22nd Floor

City New York State NY Zip Code 10019

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

Name of Employer Eastdil Secured Occupation Chairman and CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : C8757950

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Sal Lanza fame

Mailing Address 9202 Farragut Road

City Brooklyn State NY Zip Code 11236

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

Name of Employer Superior Heating Supply Inc Occupation Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809525

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. David W. Laughlin		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 161 E. 79th St., Apt. 4B		Transaction ID : C8808302	
City New York	State NY	Zip Code 10075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Inverness Counsel	Occupation money manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Sophie Lavin		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 9 Lattingtown Woods Court		Transaction ID : C8763469	
City Locust Valley	State NY	Zip Code 11560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer SUNY Stony Brook Univ	Occupation Scholar/Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2050.00		

Full Name (Last, First, Middle Initial) C. Charles D Lavine		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 6 Poppy Lane		Transaction ID : C8796604	
City Glen Cove	State NY	Zip Code 11542	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer New York State Assembly	Occupation Legislator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2798.00		

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Charles D Lavine		Date of Receipt MM / DD / YYYY 05 / 28 / 2014
Mailing Address 6 Poppy Lane		Transaction ID : C8823457
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer New York State Assembly	Occupation Legislator	* In-Kind: Catering
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2798.00	

Full Name (Last, First, Middle Initial) B. Charles D Lavine		Date of Receipt MM / DD / YYYY 05 / 28 / 2014
Mailing Address 6 Poppy Lane		Transaction ID : C8823459
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 198.00
Name of Employer New York State Assembly	Occupation Legislator	* In-Kind: Catering
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2798.00	

Full Name (Last, First, Middle Initial) C. Ronnie Lavine		Date of Receipt MM / DD / YYYY 04 / 22 / 2014
Mailing Address 6 Poppy Lane		Transaction ID : C8754654
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Retired	* In-Kind: Catering
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	948.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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) Penny Lee		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address 3325 N Street NW		Transaction ID : C8789756
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Venn Strategies	Occupation Senior Advisor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Thomas H. Lee		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 767 5th Avenue Thomas H. Lee Partners, LP		Transaction ID : C8810484
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Thomas H. Lee Partners, LP	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) Lilo J. Leeds		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address 17 Hilltop Drive West P.O. Box 220417		Transaction ID : C8772303
City Great Neck	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Donald F. Leistman

Mailing Address 63 Fountain Avenue

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Koeppel Martone and Leistman Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8802943

Amount of Each Receipt this Period
500.00

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

Mailing Address 80 Windsor Avenue

City State Zip Code
Mineola NY 11501

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

Name of Employer Occupation
Windsor Fuel Co., Inc. Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2014

Transaction ID : C8649566

Amount of Each Receipt this Period
1000.00

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

Mailing Address 80 Windsor Avenue

City State Zip Code
Mineola NY 11501

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

Name of Employer Occupation
Windsor Fuel Co., Inc. Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8810478

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Lance Lerner

Mailing Address 44 Bluebird Lane

City Plainview State NY Zip Code 11803

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809179

Amount of Each Receipt this Period
250.00

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

Mailing Address 1206 Hammond Road

City Delray Beach State FL Zip Code 33483

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

Name of Employer Occupation
Hagedorn Partnership, LP General Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813170

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1206 Hammond Road

City Delray Beach State FL Zip Code 33483

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

Name of Employer Occupation
Hagedorn Partnership, LP General Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813209

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Aly Lizza		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 64 Ships Point Lane		Transaction ID : C8775266
City Oyster Bay	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Carlos Lizza & Sons	Occupation Vice President	Amount of Each Receipt this Period 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Aly Lizza		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 64 Ships Point Lane		Transaction ID : C8775267
City Oyster Bay	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Carlos Lizza & Sons	Occupation Vice President	Amount of Each Receipt this Period 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Jeannine Lostritto		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 64 McCouns Lane		Transaction ID : C8802947
City Glen Head	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Amount of Each Receipt this Period 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 64 McCouns Lane

City State Zip Code
Glen Head NY 11545-1154

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8802946

Amount of Each Receipt this Period
2600.00

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

Mailing Address 66 McCouns Lane

City State Zip Code
Glen Head NY 11545-2013

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8802944

Amount of Each Receipt this Period
2600.00

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

Mailing Address 66 McCouns Lane

City State Zip Code
Glen Head NY 11545-2013

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8802945

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: (check only one)	PAGE 72 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Wendy Mackenzie		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 829 Park Ave. Apt 8C		Transaction ID : C8808272	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00
New York	NY	10021	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Self-Employed		Occupation Public Affairs Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2000.00	

Full Name (Last, First, Middle Initial) B. Jorge Madruga		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 15 Verbena Ave., Ste. 200		Transaction ID : C8809528	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1200.00
Floral Park	NY	11001	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Madd Equities		Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1200.00	

Full Name (Last, First, Middle Initial) C. Amy Maiello		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 81 Old House Lane		Transaction ID : C8796565	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00
Port Washington	NY	11050	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer N/A		Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1500.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 2700.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Mobina Mamoor

Mailing Address 4 Hadden Ct

City Hauppauge State NY Zip Code 11788

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : C8651342

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Marian I. Manning

Mailing Address 15865 Westerly Terrace

City Jupiter State FL Zip Code 33477-1337

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : C8650624

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Palmer A. Marcantonio

Mailing Address 565 S. Atlantic Avenue

City Virginia Beach State VA Zip Code 23451

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

Name of Employer Employer Information Requested Occupation Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800716

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Michael Martone		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 37 Oak Lane		Transaction ID : C8649570
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Koeppel Martone & Leistman	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) B. Adam C. Max		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 37 W. 65th Street		Transaction ID : C8814058
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ALP Inc	Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Adam C. Max		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 37 W. 65th Street		Transaction ID : C8814061
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ALP Inc	Occupation Information Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Carol R. Mayefsky

Mailing Address 360 E. 88th St., PH-1B

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer Aronson, Mayefsky & Sloan, LLP	Occupation Attorney
--	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8799835

Amount of Each Receipt this Period
250.00

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

Mailing Address 266 S 3rd Street

City Philadelphia	State PA	Zip Code 19106
----------------------	-------------	-------------------

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

Name of Employer City of Philadelphia	Occupation Deputy Inspector General
--	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : C8635847

Amount of Each Receipt this Period
250.00

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

Mailing Address 432 Broadway

City Massapequa Park	State NY	Zip Code 11762
-------------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : C8763355

Amount of Each Receipt this Period
150.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 432 Broadway

City State Zip Code
Massapequa Park NY 11762

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8810232

Amount of Each Receipt this Period
200.00

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

Mailing Address Dyna Empire
1075 Stewart Avenue

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Dyna Empire Inc. Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8816629

Amount of Each Receipt this Period
500.00

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

Mailing Address 47 Valley Rd.

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Employer Information Requested Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : C8802792

Amount of Each Receipt this Period
250.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Heather McDonald		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 136 W. 22nd Street, #7		Transaction ID : C8796549	
City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BakerHostetler	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. H. Joseph Mello		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 140 Riverside Drive		Transaction ID : C8791578	
City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period _____ _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Winston & Strawn LLP	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Silvana Merlino		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 16031 9th Avenue		Transaction ID : C8762184	
City Whitestone	State NY	Zip Code 11357	Amount of Each Receipt this Period _____ _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Hoffmann & Baron LLP	Occupation Patent Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

SUBTOTAL of Receipts This Page (optional).....	_____ _____ 950.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Christina Merrill

Mailing Address 515 Madison Ave., Ste. 1130
The Bone Marrow Foundation

City New York State NY Zip Code 10022

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

Name of Employer The Bone Marrow Foundation Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8775168

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph Michaels IV

Mailing Address 33 Surrey Lane

City Rockville Centre State NY Zip Code 11570-1853

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

Name of Employer Dunnington Bartholow & Miller LLP Occupation Attorney/Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808493

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gina L. Milanese

Mailing Address 1120 Avenue of the Americas, 4th F
Reid Street Capital

City New York State NY Zip Code 10036

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

Name of Employer Reid Street Capital Occupation portfolio manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 04 / 2014

Transaction ID : C8649443

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Matthew M. Miller

Mailing Address 1122 Franklin Avenue - Suite 400
National Land Tenure Company, LLC

City Garden City State NY Zip Code 11530

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

Name of Employer National Land Tenure Company LLC Occupation Chairman/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8817118

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1122 Franklin Avenue - Suite 400
National Land Tenure Company, LLC

City Garden City State NY Zip Code 11530

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

Name of Employer National Land Tenure Company LLC Occupation Chairman/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8817119

Amount of Each Receipt this Period
2600.00

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

Mailing Address Durham Capital
590 Madison Avenue, 21st Floor

City New York State NY Zip Code 10022

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

Name of Employer Durham Capital Occupation Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8799787

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: (check only one)	PAGE 80 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Victoria Minowitz		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 165 High Farms Road		Transaction ID : C8756831
City Glen Head	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Cablevision	Occupation PR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Karen Minutoli		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 92 Highland Road		Transaction ID : C8757740
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Daniel Gale Agency Inc	Occupation Realtor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Tanveer P. Mir MD		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 100 Shore Road		Transaction ID : C8651345
City Cold Spring Harbor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NYU Langone Medical Center	Occupation Medical Doctor/Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Michelle Mitchell		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 194 Whitehall Boulevard		Transaction ID : C8802942	
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation N/A Homemaker	Election Cycle-to-Date _____ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Susan Mitchell		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 225 West 25th St., #2D		Transaction ID : C8799105	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Brooklyn Defender Services Attorney	Election Cycle-to-Date _____ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Marilyn B. Monter-Witthuhn		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 421 Berry Hill Road		Transaction ID : C8763352	
City State Zip Code Syosset NY 11791-1117	Amount of Each Receipt this Period _____ 600.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 5200.00		
Name of Employer Occupation Holiday Management Associates, Inc. Executive	Election Cycle-to-Date _____ 5200.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 1100.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Alejandro Moreno

Mailing Address 730 Fifth Avenue
Access Industries

City New York State NY Zip Code 10019

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

Name of Employer Access Industries Occupation Senior Vice President, General Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C8792735

Amount of Each Receipt this Period
 1000.00

1000.00

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

Mailing Address 36 Highfield Road

City Glen Cove State NY Zip Code 11542

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

Name of Employer Liberty Mutual Occupation Account Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : C8756408

Amount of Each Receipt this Period
 450.00

450.00

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

Mailing Address 88 Weir Lane

City Locust Valley State NY Zip Code 11560

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

Name of Employer Colonnade Properties Occupation Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : C8803612

Amount of Each Receipt this Period
 2600.00

2600.00

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

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

4050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 2 September Lane

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C8755964

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2 September Lane

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C8756726

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
James F. Murphy

Mailing Address 109 sixth st

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Raymond James Securities Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : C8804368

Amount of Each Receipt this Period
250.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. John J. Murphy		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2030 McHugh Lane		Transaction ID : C8800718
City Phoenixville	State PA	Zip Code 19460
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Exelon Nuclear	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Margaret Murphy		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 300 E. Overlook Apt. 554		Transaction ID : C8776385
City Port Washington	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) C. Michael P. Murphy		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1704 Chesterbrook Vale Court		Transaction ID : C8800709
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Katten Muchin Rosenman LLP	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Miki Naftali		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 1700 Broadway, FL. 16		Transaction ID : C8647457	
City New York	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer Naftali Group	Occupation Chairman & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. Tejas Nanavati		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 88 Hazard Avenue		Transaction ID : C8809535	
City Huntington Station	State NY	Zip Code 11746	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer ANR construction & Mgmt Corp	Occupation Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Marie K. Napoli		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 1985-4 Cedar Swamp Rd.		Transaction ID : C8772345	
City Glen Head	State NY	Zip Code 11545	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) David Nasaw		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 700 Larkspur Landing Circle #200		Transaction ID : C8803416	
City Larkspur State CA Zip Code 94939	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Metropolitan Asset Advisors Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00		

Full Name (Last, First, Middle Initial) Lucio Noto		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 805 Third Ave.		Transaction ID : C8717160	
City New York State NY Zip Code 10022	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Midstream Partners LLC Occupation Managing Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) Lucio Noto		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 805 Third Ave.		Transaction ID : C8753734	
City New York State NY Zip Code 10022	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Midstream Partners LLC Occupation Managing Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Kate O'Neill

Mailing Address 125 Shu Swamp Road

City State Zip Code
Locust Valley NY 11560

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : C8754664

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Kate O'Neill

Mailing Address 125 Shu Swamp Road

City State Zip Code
Locust Valley NY 11560

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8810237

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Sandra M. Oliva

Mailing Address 171 Scudder Avenue

City State Zip Code
Northport NY 11768

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

Name of Employer Occupation
TSCLI Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : C8772499

Amount of Each Receipt this Period
100.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Laurie Olson

Mailing Address 29 John Daves Lane

City State Zip Code
Huntington NY 11743

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

Name of Employer Occupation
Pfizer Inc. Pharmaceuticals

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : C8782307

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 Bank Lane

City State Zip Code
Hicksville NY 11801

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

Name of Employer Occupation
New York State Department of Financial Director of Criminal Division

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C8786812

Amount of Each Receipt this Period
250.00

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

Mailing Address 35 Breatly Road

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Centurion Holdings President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809472

Amount of Each Receipt this Period
2600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Jim Orphanides		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 35 Bready Road		Transaction ID : C8809473
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Centurion Holdings	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Martina Owens		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 98 MacDougal Street, Apt. 4A		Transaction ID : C8800701
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Winston & Strawn LLP	Occupation Director of Administration - New York	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Martina Owens		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 98 MacDougal Street, Apt. 4A		Transaction ID : C8804691
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Winston & Strawn LLP	Occupation Director of Administration - New York	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Vincent Parziale

Mailing Address 15 Cedar Road

City Belle Terre State NY Zip Code 11777

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

Name of Employer Gramercy Group Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8810671

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 10 Orsini Drive

City Larchmont State NY Zip Code 10538

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

Name of Employer Greater NY Hospital Assn. Occupation Executive VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : C8781212

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Irving H. Picard

Mailing Address 1 Christie Place, #401E

City Scarsdale State NY Zip Code 10583-8308

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

Name of Employer Baker & Hostetler LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : C8781210

Amount of Each Receipt this Period
 500.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Irving H. Picard

Mailing Address 1 Christie Place, #401E

City Scarsdale State NY Zip Code 10583-8308

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

Name of Employer Baker & Hostetler LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808281

Amount of Each Receipt this Period
500.00

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

Mailing Address 5 Lavenders Court

City Manhasset State NY Zip Code 11030

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779152

Amount of Each Receipt this Period
250.00

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

Mailing Address 9 Pond Field Court

City Cold Spring Harbor State NY Zip Code 11724

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

Name of Employer Employer Information Requested Occupation Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814037

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Pillari

Mailing Address 9 Pond Field Court

City State Zip Code
Cold Spring Harbor NY 11724

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8814038

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1100 Park Ave
Apt. 17B

City State Zip Code
New York NY 10128-1202

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

Name of Employer Occupation
Rockefeller Financial Services Foundation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : C8763333

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2 Portland Fish Pier
Suite 304

City State Zip Code
Portland ME 04101

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

Name of Employer Occupation
U.S. House of Representatives Congresswoman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : C8772324

Amount of Each Receipt this Period
1000.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 120 Boerum Place, #1-0

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808295

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2107 Wyoming Ave. NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Heather Podesta + Partners Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : C8793285

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 97 Tenth Street

City State Zip Code
Garden City NY 11558

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8800517

Amount of Each Receipt this Period
 1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Peter Quick

Mailing Address 118 Horseshoe Road

City Mill Neck State NY Zip Code 11765-1004

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

Name of Employer Chairman Occupation Gain Capital Holdings, Inc.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : C8649464

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Laura W. Rabbitt

Mailing Address 17 Horseshoe Path

City Pawling State NY Zip Code 12564

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

Name of Employer Self/Compassion in Action, LLC Occupation Spiritual Services/Counseling

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : C8757944

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Laura W. Rabbitt

Mailing Address 17 Horseshoe Path

City Pawling State NY Zip Code 12564

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

Name of Employer Self/Compassion in Action, LLC Occupation Spiritual Services/Counseling

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779243

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Irene Rabinor		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 8 Kensington Street		Transaction ID : C8813173
City Lido Beach	State NY	
Zip Code 11561		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kirk Radke		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 787 7th Avenue Willkie Farr & Gallagher		Transaction ID : C8757921
City New York	State NY	
Zip Code 10019		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Willkie Farr	Occupation Lawyer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Brian Rathjen		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 6 Roxen Road		Transaction ID : C8791577
City Rockville Centre	State NY	
Zip Code 11570		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Kelson Group	Occupation Consulting	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Wendy Rathjen

Mailing Address 230 Park Ave 33rd Floor

City State Zip Code
New York NY 10169

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C8791585

Amount of Each Receipt this Period
2600.00

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

Mailing Address 570 Chicken Valley Rd.

City State Zip Code
Locust Valley NY 11560-2606

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8808727

Amount of Each Receipt this Period
500.00

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

Mailing Address 172 Whistler Road

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Bird Bus Sales President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : C8803594

Amount of Each Receipt this Period
1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Frances Reid		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 10 Wensley Drive		Transaction ID : C8786811	
City Great Neck	State NY	Zip Code 11021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Town of North Hempstead	Occupation Cheif Sustainability Officer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00		

Full Name (Last, First, Middle Initial) B. Meg Reiss		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 31 West 12th Street		Transaction ID : C8810227	
City New York	State NY	Zip Code 10011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer Self Employed	Occupation Attorney/Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Sunny Reljic		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 1 Morton Square, Apt. 5EW		Transaction ID : C8642793	
City New York	State NY	Zip Code 10014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Tradition Limited	Occupation Fixed Income Broker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. James Rice		Date of Receipt MM / DD / YYYY 05 / 08 / 2014
Mailing Address 539 Westbury Ave		Transaction ID : C8775274
City Carle Place	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Building contractor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) B. James Rice		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 539 Westbury Ave		Transaction ID : C8814207
City Carle Place	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Building contractor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Desiree M. Ripo Esq.		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 220 East 22nd St., Apt. 4C		Transaction ID : C8650532
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Winston & Strawn LLP	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Paul Robinson		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 741 Park Avenue		Transaction ID : C8813159	
City Manhasset	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Warner Music Group Corp.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. Barbara Rosenberg		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1965 Broadway Apt 27D		Transaction ID : C8817120	
City New York	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Shearman & Sterling	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Mark I. Rozell		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 297 Virginia Avenue		Transaction ID : C8799025	
City Oceanside	State NY	Zip Code 11572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Gwendolyn Russo

Mailing Address 54 Shinbone Lane

City State Zip Code
Commack NY 11725

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

Name of Employer Occupation
Building Blocks Development Preschool Speech Pathologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800721

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7600 Jericho Tpke, Ste 303

City State Zip Code
Woodbury NY 11797

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

Name of Employer Occupation
US Wealth Group President/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : C8651349

Amount of Each Receipt this Period
500.00

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

Mailing Address 1352 Ridge Road

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
Santemma & Deutsch, LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813171

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 101 OF 230
(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)
Lois Schaffer

Mailing Address 31 Amherst Road

City State Zip Code
Great Neck NY 11021

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : C8757719

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Richard M. Schaps

Mailing Address 181 East 65th Street

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
Van Wagner CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : C8758621

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Richard M. Schaps

Mailing Address 181 East 65th Street

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
Van Wagner CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : C8758622

Amount of Each Receipt this Period
2600.00

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

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

5350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Audrey Schein		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 7 Cedar Lane		Transaction ID : C8750425
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Audrey Schein		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 7 Cedar Lane		Transaction ID : C8786818
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2200.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Audrey Schein		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 7 Cedar Lane		Transaction ID : C8786819
City Glen Cove	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Audrey Schein

Mailing Address 7 Cedar Lane

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : C8823476

Amount of Each Receipt this Period
1128.00

* In-Kind: Catering

B. Full Name (Last, First, Middle Initial)
Martin F. Scheinman Esq.

Mailing Address 38 Arden Lane

City State Zip Code
Sands Point NY 11050

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

Name of Employer Occupation
Self-Employed Arbitrator/Mediator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8808669

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
Lois Carter Schlissel Esq.

Mailing Address 30 Wachussets Street

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Meyer, Suozzi, English & Klein Managing Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C8756739

Amount of Each Receipt this Period
300.00

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

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

3028.00

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

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

FOR LINE NUMBER: PAGE 104 OF 230
(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)
Roberta Schneiderman

Mailing Address 203 E. 72nd Street

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813399

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 8 Dorchester Drive

City State Zip Code
Glen Head NY 11545-3010

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

Name of Employer Occupation
Schuckman Realty Inc. Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808279

Amount of Each Receipt this Period
 100.00

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

Mailing Address 8 Dorchester Drive

City State Zip Code
Glen Head NY 11545-3010

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

Name of Employer Occupation
Schuckman Realty Inc. Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8821587

Amount of Each Receipt this Period
 2400.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Lois Schwaeber		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 61 Bryant Ave., Apt. 213		Transaction ID : C8756186
City Roslyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer The Safe Center LI	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Phyllis Seitz		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 200 Atlantic Ave., #208		Transaction ID : C8758587
City Lynbrook	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Judith Selby		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1 Broad St. 21F		Transaction ID : C8798069
City Stanford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baker and Hostetler	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Kathleen Shanley		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 100 Banks Avenue Apt 1202		Transaction ID : C8763356	
City Rockville Centre	State NY	Zip Code 11570	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. Kathleen Shanley		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 100 Banks Avenue Apt 1202		Transaction ID : C8810238	
City Rockville Centre	State NY	Zip Code 11570	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) C. Soheila Sharf		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 5 Mitchell Drive		Transaction ID : C8758663	
City Great Neck	State NY	Zip Code 11024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Soheila Sharf Realty	Occupation Principal		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Nora Shattuck		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2014
Mailing Address 231 Forge Hill Road		Transaction ID : C8652839
City Lincoln	State VT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Abby Sheinberg		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 262 Central Park West Apt 2a		Transaction ID : C8812761
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Abby Sheinberg		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 262 Central Park West Apt 2a		Transaction ID : C8813115
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Michael Sitrick		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1436 Via Cresta		Transaction ID : C8652884
City Pacific Palisades	State CA	
Zip Code 90272		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sitrick And Company	Occupation Chairman & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Joseph J. Sitt		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 449 Avenue T		Transaction ID : C8772292
City Brooklyn	State NY	
Zip Code 11223		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Thor Equities, LLC	Occupation president & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Ruth Slade		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 114 Piping Rock Road		Transaction ID : C8772336
City Matinecock	State NY	
Zip Code 11560		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 500 Old Country Road
Suite 109

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : C8804659

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JoAnn D. Smith

Mailing Address 16 Prospect Ave.

City State Zip Code
Sea Cliff NY 11579

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

Name of Employer Occupation
PPNC Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : C8750454

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
JoAnn D. Smith

Mailing Address 16 Prospect Ave.

City State Zip Code
Sea Cliff NY 11579

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

Name of Employer Occupation
PPNC Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C8755826

Amount of Each Receipt this Period
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Eric A. Sonnenschein

Mailing Address 350 Cabrini Blvd

City New York State NY Zip Code 10040

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

Name of Employer Kings County District Attorney's Office Occupation lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809141

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Seth E Spitzer

Mailing Address 420 E 54th St 3A

City New York State NY Zip Code 10022

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

Name of Employer Winston & Strawn LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8816310

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dorothy W. Sprague

Mailing Address 770 Park Avenue

City New York State NY Zip Code 10021

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : C8773284

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Christina Stefanik		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 178 Wellington Road		Transaction ID : C8756231
City Garden City	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Self	Occupation Home Maker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) B. David A. Sterling		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 33 Windsor Drive		Transaction ID : C8812487
City Muttontown	State NY	Zip Code 11753
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Sterling & Sterling, Inc.	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Michael Stiles		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3436 Warden Drive		Transaction ID : C8808466
City Philadelphia	State PA	Zip Code 19129-1418
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer The Phillies	Occupation Baseball Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Elizabeth Strickler		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 300 Central Park West Apt. 25 D		Transaction ID : C8765372	
City New York	State NY	Zip Code 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) Elizabeth Strickler		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 300 Central Park West Apt. 25 D		Transaction ID : C8767866	
City New York	State NY	Zip Code 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) Sam Talkin		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 40 Exchange Place 18th Floor		Transaction ID : C8800368	
City New York	State NY	Zip Code 10005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Talkin, Muccigrosso & Roberts, LLP	Occupation Senior Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey Tanen		Date of Receipt MM / DD / YYYY 06 / 02 / 2014
Mailing Address 5 Beach Road		Transaction ID : C8805543
City Massapequa	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer First Nationwide Title Agency	Occupation General Counsel	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Tanen		Date of Receipt MM / DD / YYYY 06 / 02 / 2014
Mailing Address 5 Beach Road		Transaction ID : C8808664
City Massapequa	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer First Nationwide Title Agency	Occupation General Counsel	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Linda Taub		Date of Receipt MM / DD / YYYY 05 / 05 / 2014
Mailing Address 6 Dogwood Hill		Transaction ID : C8772339
City Glen Head	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Corey Tessler

Mailing Address 200 Park Avenue

City State Zip Code
New York NY 10166

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

Name of Employer Occupation
Winston & Strawn LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809533

Amount of Each Receipt this Period
500.00

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

Mailing Address 100 Park Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Tishman Construction Corporation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8774855

Amount of Each Receipt this Period
1400.00

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

Mailing Address 100 Park Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Tishman Construction Corporation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8775929

Amount of Each Receipt this Period
2600.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Sheryl Crockett Tishman

Mailing Address 17 East Middle Patent Road

City Bedford State NY Zip Code 10506

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8774856

Amount of Each Receipt this Period
1400.00

B. Full Name (Last, First, Middle Initial)
Sheryl Crockett Tishman

Mailing Address 17 East Middle Patent Road

City Bedford State NY Zip Code 10506

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : C8775937

Amount of Each Receipt this Period
2600.00

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

Mailing Address 260 Wheatley Road

City Old Westbury State NY Zip Code 11568

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

Name of Employer Eastern Communications Occupation Secretary/Treasurer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8803110

Amount of Each Receipt this Period
2600.00

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

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

6600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Yigal Tropp		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 260 Wheatley Road		Transaction ID : C8803112
City Old Westbury	State NY	Zip Code 11568
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer Eastern Communications	Occupation Secretary/Treasurer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) B. HelenMary M. Tyszka		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 365 Stewart Ave - B24		Transaction ID : C8769540
City Garden City	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer N/A	Occupation Unemployed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Candy Udell		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 10 Lattingtown Woods Court		Transaction ID : C8757945
City Locust Valley	State NY	Zip Code 11560
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer London Jewelers	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Bill Updegraff

Mailing Address 11 E. 66th St., Apt. 1A

City New York State NY Zip Code 10065

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

Name of Employer Self-Employed Occupation Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800821

Amount of Each Receipt this Period
 250.00

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

Mailing Address 215 Deep Brook Road

City Wyckoff State NJ Zip Code 07481

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

Name of Employer Winston & Strawn LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : C8653736

Amount of Each Receipt this Period
 500.00

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

Mailing Address 46 Castle Ridge Road

City Manhasset State NY Zip Code 11030

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : C8765373

Amount of Each Receipt this Period
 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ellen Waldman

Mailing Address 20 Hilltop Drive

City: Syosset State: NY Zip Code: 11791

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

Name of Employer: Self-Employed Occupation: Psychologists

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 19 / 2014

Transaction ID : C8786817

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Kathy Walsh-Bernstein

Mailing Address 170 East End Avenue Apt 9A

City: New York State: NY Zip Code: 10128

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

Name of Employer: N/A Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 03 / 2014

Transaction ID : C8808723

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Kathy Walsh-Bernstein

Mailing Address 170 East End Avenue Apt 9A

City: New York State: NY Zip Code: 10128

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

Name of Employer: N/A Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 03 / 2014

Transaction ID : C8808677

Amount of Each Receipt this Period: 2600.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Tai Wang		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 3 Sea Coast Lane		Transaction ID : C8772347	
City Port Washington	State NY	Zip Code 11050	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer WAC Lighting	Occupation Co-Founder		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Brian Wasserman		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 14 Wilshire Drive		Transaction ID : C8810155	
City Syosset	State NY	Zip Code 11791	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer Janover, LLC	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. David N. Weinraub		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 26 Woodmont Drive		Transaction ID : C8808396	
City Del Mar	State NY	Zip Code 12054	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1600.00	
Name of Employer Brown & Weinraub, PLLC	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	6800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 4 Kaywood Road

City State Zip Code
Port Washington NY 11050

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

Name of Employer Occupation
Rapid Steel Supply Corp. Business Owner / Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8810130

Amount of Each Receipt this Period
125.00

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

Mailing Address 40 Willow Pond Lane

City State Zip Code
Hewlett Harbor NY 11557

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

Name of Employer Occupation
Harbor Group Com, Inc Public Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8810132

Amount of Each Receipt this Period
500.00

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

Mailing Address 713 Washington St., Apt. 3

City State Zip Code
New York NY 10014

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

Name of Employer Occupation
CWB Architects Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : C8800590

Amount of Each Receipt this Period
250.00

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

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

875.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Richard Werder		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 51 Madison Avenue		Transaction ID : C8800870
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Quinn Emanuel	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Peggy Wiedman		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 101 Singworth Street		Transaction ID : C8750761
City Oyster Bay	State NY	Zip Code 11771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer TWU of America	Occupation Former Political Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Peggy Wiedman		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 101 Singworth Street		Transaction ID : C8750762
City Oyster Bay	State NY	Zip Code 11771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer TWU of America	Occupation Former Political Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Christina H. Wilmerding

Mailing Address 5641 Northern Blvd.

City East Norwich State NY Zip Code 11732-1606

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

Name of Employer N/A Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : C8781211

Amount of Each Receipt this Period
250.00

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

Mailing Address 46 Locust Avenue

City Bethpage State NY Zip Code 11714

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

Name of Employer Continental Home Loans, Inc. Occupation Mortgage Loan Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : C8786829

Amount of Each Receipt this Period
250.00

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

Mailing Address 26 Oliva Court
LJM Supplies Corp

City West Islip State NY Zip Code 11795

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : C8765355

Amount of Each Receipt this Period
2600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Laura Wood		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 26 Oliva Court LJM Supplies Corp		Transaction ID : C8765357	
City West Islip	State NY	Zip Code 11795	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. Marian Wood		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 153 Horseshoe Road		Transaction ID : C8802846	
City Mill Neck	State NY	Zip Code 11765	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Bernard Yatauro		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 4 Jackson Lane		Transaction ID : C8772280	
City Glen Cove	State NY	Zip Code 11542	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CASS Inc	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 371 Beechmont Drive

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Occupation
Flemming Zulack Williamson Zauderer LL Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : C8800124

Amount of Each Receipt this Period
2600.00

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

Mailing Address 7 Beech Drive

City State Zip Code
Great Neck NY 11024

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

Name of Employer Occupation
Self Employed Business-Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772508

Amount of Each Receipt this Period
250.00

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

Mailing Address 965 Fifth Avenue

City State Zip Code
New York NY 10075

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

Name of Employer Occupation
A Cap Inc. Financial Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8813157

Amount of Each Receipt this Period
1000.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Seymour Zises

Mailing Address 35 East 75th St.
Apt. 10C

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Family Management Corp. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8812518

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey D. Zukerman

Mailing Address 150 Columbus Avenue, Apt. 6A

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Zukerman Gore Brandeis & Crossman, LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : C8800354

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Publishers Clearing House

Mailing Address 382 Channel Drive

City State Zip Code
Port Washington NY 11050

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : C8650537

Amount of Each Receipt this Period
1000.00

LLC - Members below if itemized. Permissible funds.

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Andrew Goldberg

Mailing Address Publishers Clearing House
382 Channel Drive

City Port Washington State NY Zip Code 11050

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

Name of Employer Publishers Clearing House Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : C8717309

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Santemma & Deutsch, LLP

Mailing Address 575 Underhill Blvd., Ste. 222

City Syosset State NY Zip Code 11791

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : C8763326

Amount of Each Receipt this Period
2600.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 1352 Ridge Road

City Syosset State NY Zip Code 11791

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

Name of Employer Santemma & Deutsch, LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : C8763328

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
*

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Campolo, Middleton & McCormick, LLP

Mailing Address 4175 Veterans Memorial Hwy., Ste.

City Ronkonkoma	State NY	Zip Code 11779
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772512

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 4175 Veterans Memorial Hwy., Ste.
Campolo, Middleton & McCormick, LL

City Ronkonkoma	State NY	Zip Code 11779
--------------------	-------------	-------------------

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

Name of Employer Campolo, Middleton & McCormick, LLP	Occupation Partner
---	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8773267

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
Campolo, Middleton & McCormick, LLP

Mailing Address 4175 Veterans Memorial Hwy., Ste.

City Ronkonkoma	State NY	Zip Code 11779
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772513

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 230		
	<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

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

Mailing Address 4175 Veterans Memorial Hwy., Ste.
Campolo, Middleton & McCormick, LL

City Ronkonkoma State NY Zip Code 11779

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

Name of Employer Campolo, Middleton & McCormick, LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : C8773268

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Basser Kaufman of Centereach LLC

Mailing Address 151 Irving Place

City Woodmere State NY Zip Code 11598

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C8786809

Amount of Each Receipt this Period
2600.00

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 202 Woodside Drive

City Hewlett State NY Zip Code 11557

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

Name of Employer Basser Kaufman Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C8821601

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
*

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 230	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Alderman & Company, LLP

Mailing Address 90 Merrick Ave, Ste. 802
c/o Michael Alderman

City East Meadow State NY Zip Code 11554-1571

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C8786810

Amount of Each Receipt this Period
500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 90 Merrick Avenue - FI 9
Alderman & Company, LLP

City East Meadow State NY Zip Code 11554

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C8821604

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
Comerford & Dougherty LLP

Mailing Address 1122 Franklin Ave - Suite 406

City Garden City State NY Zip Code 11530-7602

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : C8787951

Amount of Each Receipt this Period
1300.00

PARTNERSHIP--partners below if itemized

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Adriane Comerford

Mailing Address 550 Park Avenue

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Comerford & Dougherty LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : C8787954

Amount of Each Receipt this Period
1300.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
City Film LLC

Mailing Address 11 E. 68th St Ste 76

City State Zip Code
New York NY 10065

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809514

Amount of Each Receipt this Period
1500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 11 E. 68th St Ste 76

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809515

Amount of Each Receipt this Period
1500.00

[MEMO ITEM]
*

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

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

Mailing Address 206 West Shearwater Court
Suite 53

City Jersey City State NJ Zip Code 07305

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8810490

Amount of Each Receipt this Period
2600.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 115 Broadway - Rm 1504
Tonio Burgos & Associates, Inc.

City New York State NY Zip Code 10006

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8810495

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
Pamela L. Lowry

Mailing Address 27 Oak Road

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800774A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
EMILY'S LIST

Mailing Address 1800 M STREET, NW
STE 375N

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
553.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800774AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Richard J. Phelps

Mailing Address 599 North Ave., Ste. 8
2nd Floor

City Wakefield State MA Zip Code 01880-1648

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

Name of Employer Occupation
Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772335A

Amount of Each Receipt this Period
1500.00

* Earmarked Contribution: See Below

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

Mailing Address 430 S. Capitol Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772335AB

Amount of Each Receipt this Period
1500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Henry Laufer

Mailing Address 178 Old Field Rd

City State Zip Code
Setauket NY 11733-1636

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

Name of Employer Occupation
Renaissance Technologies Chief Scientist, Vice President of Res

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809486

Amount of Each Receipt this Period
2600.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC

Mailing Address 1050 17TH ST NW STE 590

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00545137

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809486B

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 178 Old Field Rd

City State Zip Code
Setauket NY 11733-1636

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

Name of Employer Occupation
Renaissance Technologies Chief Scientist, Vice President of Res

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809487

Amount of Each Receipt this Period
2600.00

* Earmarked Contribution: See Below

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 230
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00545137

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 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
 06 / 03 / 2014

Transaction ID : C8809487B

Amount of Each Receipt this Period
 2600.00

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M 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).....

0.00

475251.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 230
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014
Mailing Address 430 S. Capitol Street SE		Transaction ID : C8823465
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	* In-Kind: Event
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 317.65	

Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2014
Mailing Address 430 S. Capitol Street SE		Transaction ID : C8823468
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 123.03
Name of Employer	Occupation	* In-Kind: Event
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 317.65	

Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2014
Mailing Address 430 S. Capitol Street SE		Transaction ID : C8823469
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 159.62
Name of Employer	Occupation	* In-Kind: Event
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 317.65	

SUBTOTAL of Receipts This Page (optional).....	317.65
TOTAL This Period (last page this line number only).....	317.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796579

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION - COPE

Mailing Address 5025 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : C8786805

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814140

Amount of Each Receipt this Period
5000.00

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 230	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address **80 F STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : C8800703

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address **520 N. NORTHWEST HIGHWAY**

City **PARK RIDGE** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809503

Amount of Each Receipt this Period
5000.00

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

Mailing Address **140 COVANT #2**

City **MANCHESTER** State **NH** Zip Code **03102**

FEC ID number of contributing federal political committee. **C C00348920**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8814166

Amount of Each Receipt this Period
5000.00

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

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

14000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Baker & Hostetler PAC

Mailing Address 45 Rockefeller Plaza

City State Zip Code
New York NY 10111

FEC ID number of contributing federal political committee. **C C00174227**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : C8765361

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00399196**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814162

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
CAROLYN'S PAC

Mailing Address 24 EAST 93RD STREET
SUITE 1B

City State Zip Code
NEW YORK NY 10128

FEC ID number of contributing federal political committee. **C C00341990**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809504

Amount of Each Receipt this Period
 500.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 230
	<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) CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
A. Mailing Address 101 CONSTIUTION AVENUE, NW 10TH FLOOR WEST		Transaction ID : C8814164
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00001016	Occupation	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) COMMITTEE FOR A LIVABLE FUTURE		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
B. Mailing Address 830 NE HOLLADAY STREET ROOM 105		Transaction ID : C8779241
City PORTLAND	State OR	
FEC ID number of contributing federal political committee. C C00323352	Occupation	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DEL PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
C. Mailing Address 410 1 ST, SE SUITE 310		Transaction ID : C8809506
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00523670	Occupation	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. DEMOCRATIC WOMEN OF THE DESERT

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6207

City LA QUINTA State CA Zip Code 92248

FEC ID number of contributing federal political committee. **C** C00416347

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : C8808301

Amount of Each Receipt this Period
 200.00

B. Friends of Laura Gillen

Full Name (Last, First, Middle Initial)
Mailing Address 410 Jericho Tpke., Ste. 303

City Jericho State NY Zip Code 11753

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : C8786828

Amount of Each Receipt this Period
 1000.00

C. HOYER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00140715

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814168

Amount of Each Receipt this Period
 2000.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 230	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 STATE AVE.
SUITE 565

City KANSAS CITY State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8823146

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : C8649575

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : C8763336

Amount of Each Receipt this Period
750.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League (IPAL)

Mailing Address 1750 NEW YORK AVE. NW
SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : C8717203

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JOBS AND INNOVATION MATTER PAC (JIM PAC)

Mailing Address PO BOX 15320

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00494112

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814156

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809511

Amount of Each Receipt this Period
2500.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
JPMORGAN CHASE & CO. PAC

Mailing Address **601 PENNSYLVANIA AVENUE, NW
7TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00128512**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : C8775264

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
LOIS FRANKEL FOR CONGRESS

Mailing Address **PO BOX 812421**

City **BOCA RATON** State **FL** Zip Code **33481**

FEC ID number of contributing federal political committee. **C C00494856**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : C8779220

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &

Mailing Address **9000 MACHINISTS PLACE**

City **UPPER MARLBORO** State **MD** Zip Code **20772**

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : C8772372

Amount of Each Receipt this Period
5000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
METAL LATHERS LOCAL 46 PAC

Mailing Address 1322 THIRD AVENUE

City NEW YORK State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C C00421008**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : C8765311

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : C8802950

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809507

Amount of Each Receipt this Period
 5000.00

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

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

12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1750 H STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814151

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00409730**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796577

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00409730**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796578

Amount of Each Receipt this Period
 5000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **51 MADISON AVENUE**
ROOM 1109

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8814160

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **51 MADISON AVENUE**
ROOM 1109

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C8814159

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
PAC TO THE FUTURE

Mailing Address **700 13TH STREET, NW, SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00344234**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : C8772357

Amount of Each Receipt this Period
2000.00

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

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

12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
PAC TO THE FUTURE

Mailing Address 700 13TH STREET, NW, SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00344234**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809509

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

FEC ID number of contributing federal political committee. **C C00226928**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C8800706

Amount of Each Receipt this Period
2000.00

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

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee. **C C00557850**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C8772349

Amount of Each Receipt this Period
2000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC

Mailing Address 1150 17TH STREET NW
SUITE 702

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809501

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
PROGRESSIVES ADVANCING UNITED LEADERSHIP AKA PAUL PAC

Mailing Address 911 CENTRAL AVENUE #362

City ALBANY State NY Zip Code 12206

FEC ID number of contributing federal political committee. **C** C00508010

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : C8809498

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Retail Wholesale & Department Store Union Committee on Political Education

Mailing Address 30 EAST 29TH STREET

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C** C00174011

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : C8654849

Amount of Each Receipt this Period
 2500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City Springfield State MA Zip Code 01108

FEC ID number of contributing federal political committee. **C** C00226522

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796599

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

Mailing Address 1800 MASSACHUSETTS AVE NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C8814134

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 NEW YORK AVENUE, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : C8779221

Amount of Each Receipt this Period
 4400.00

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

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

11400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
Starr Insurance Holdings Inc. PAC

Mailing Address 399 Park Avenue, 17th Floor

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C** C00509331

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : C8799829

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Theatrical Teamsters Local 817

Mailing Address 817 Old Cutter Mill Road

City State Zip Code
Great Neck NY 11021

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : C8808284

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : C8809510

Amount of Each Receipt this Period
3000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 230	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796582

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City NORTH OLMSTED State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796603

Amount of Each Receipt this Period
 2500.00

* Earmarked Contribution: See Below

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

Mailing Address 140 COVANT #2

City MANCHESTER State NH Zip Code 03102

FEC ID number of contributing federal political committee. **C** C00348920

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C8796603B

Amount of Each Receipt this Period
 2500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

3500.00

129150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 230
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C8824861

Amount of Each Receipt this Period
 420.00

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

Mailing Address 50 Massachusetts Avenue Northeast

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : C8778366

Amount of Each Receipt this Period
 259.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

679.00

679.00

**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 153 OF 230	
	<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. 310 Old Country Road, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 350 Old Country Road		Amount of Each Disbursement this Period 5200.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement Rent	Transaction ID : D564079
Candidate Name	Category/Type 001	
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. 310 Old Country Road, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 350 Old Country Road		Amount of Each Disbursement this Period 5000.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement Rent	Transaction ID : D566640
Candidate Name	Category/Type 001	
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) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 1.59
City Somerville State MA Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Transaction ID : D566149
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:		

SUBTOTAL of Disbursements This Page (optional).....	10201.59
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 154 OF 230	
	<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		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 1.92 Transaction ID : D566198
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 0.09 Transaction ID : D566447
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 87.12 Transaction ID : D563198
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	89.12
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 155 OF 230		
	<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		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 5.72 Transaction ID : D564013
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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. ActBlue		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 0.12 Transaction ID : D562875
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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) C. ActBlue		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address P.O. Box 441146		Amount of Each Disbursement this Period 1.99 Transaction ID : D562516
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Contribution Processing Fees	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	7.83
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 156 OF 230			
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 420.00 Transaction ID : D564094
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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. American Community Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 300 Glen Street		Amount of Each Disbursement this Period 6125.23 Transaction ID : D564078
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name	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) c. American Community Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 300 Glen Street		Amount of Each Disbursement this Period 9595.11 Transaction ID : D562270
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	16140.34
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 157 OF 230	
	<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. American Community Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 300 Glen Street		Amount of Each Disbursement this Period 2641.71 Transaction ID : D566661
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name	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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 375.00 Transaction ID : D564123
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 116.00 Transaction ID : D564124
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	3132.71
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 158 OF 230			
	<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 05 / 07 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 664.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : D564125
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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 456.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : D566634
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) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 410.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : D566635
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:		

SUBTOTAL of Disbursements This Page (optional).....	1530.00
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 159 OF 230	
	<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 05 / 17 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 33.26
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense - Insurance 002 Category/Type	
Candidate Name	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)	Transaction ID : D566636
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 458.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name	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)	Transaction ID : D562856
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 50 Massachusetts Avenue Northeast		Amount of Each Disbursement this Period 158.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name	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)	Transaction ID : D563127
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	649.26
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 160 OF 230			
	<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. Ardleigh Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 888 16th St. NW, Suite 650		Amount of Each Disbursement this Period 60276.73 Transaction ID : D566633
City Washington State DC Zip Code 20006	Purpose of Disbursement Field Consulting Candidate Name Category/Type 001	
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. Ardleigh Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 888 16th St. NW, Suite 650		Amount of Each Disbursement this Period 10000.00 Transaction ID : D566643
City Washington State DC Zip Code 20006	Purpose of Disbursement Field Consulting Candidate Name Category/Type 001	
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) c. Barn Joo		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 893 Broadway		Amount of Each Disbursement this Period 276.73 Transaction ID : D566630
City New York State NY Zip Code 10003	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 007	
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:	

SUBTOTAL of Disbursements This Page (optional).....	60276.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 230			
	<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. Beacon Hotels & Corporate Quarters

Full Name (Last, First, Middle Initial)
Mailing Address 1615 Rhode Island Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Travel Expense

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
05 / 03 / 2014

Amount of Each Disbursement this Period
524.42

Transaction ID : D564116

Category/Type
002

B. Beacon Hotels & Corporate Quarters

Full Name (Last, First, Middle Initial)
Mailing Address 1615 Rhode Island Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Travel Expense

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
05 / 03 / 2014

Amount of Each Disbursement this Period
524.42

Transaction ID : D564117

Category/Type
002

C. Beacon Hotels & Corporate Quarters

Full Name (Last, First, Middle Initial)
Mailing Address 1615 Rhode Island Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Travel Expense

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
05 / 03 / 2014

Amount of Each Disbursement this Period
8.00

Transaction ID : D564118

Category/Type
002

SUBTOTAL of Disbursements This Page (optional)..... 1056.84

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 162 OF 230	
	<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. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1100 Old Country Road		Amount of Each Disbursement this Period 1255.87 Transaction ID : D566626
City Westbury State NY Zip Code 11590	Purpose of Disbursement Phones Candidate Name Category/Type 006	
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. BiNA Office Furniture		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 254 E Jericho Turnpike		Amount of Each Disbursement this Period 7250.00 Transaction ID : D562283
City Mineola State NY Zip Code 11501	Purpose of Disbursement Office Furniture Rental Candidate Name Category/Type 001	
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) c. Bobby Van's Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 230 Park Avenue		Amount of Each Disbursement this Period 216.69 Transaction ID : D566696
City New York State NY Zip Code 10169	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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:	

SUBTOTAL of Disbursements This Page (optional).....	8722.56
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 Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 230	
	<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. Building and Construction Trades Council of Nassau & Suffolk Counties, PAC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 300 Motor Parkway Suite 200		Amount of Each Disbursement this Period 1500.00	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Journal Ad	Transaction ID : D562300	
Candidate Name			
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)	Category/Type 012		
State: District:			

Full Name (Last, First, Middle Initial) B. Cablevision Systems Corp.		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014	
Mailing Address 1372 Veterans Highway Suite 40		Amount of Each Disbursement this Period 266.82	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Internet/TV Service	Transaction ID : D562845	
Candidate Name			
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)	Category/Type 001		
State: District:			

Full Name (Last, First, Middle Initial) c. Cablevision Systems Corp.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 1372 Veterans Highway Suite 40		Amount of Each Disbursement this Period 472.77	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Internet/Phone/TV Service	Transaction ID : D566607	
Candidate Name			
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)	Category/Type 001		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2239.59
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 164 OF 230		
	<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. Calagero's		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 919 Franklin Ave		Amount of Each Disbursement this Period 785.44 Transaction ID : D566621
City Garden City State NY Zip Code 11530-2909	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 256.55 Transaction ID : D566620
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 007	
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) c. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 471.27 Transaction ID : D562308
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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:	

SUBTOTAL of Disbursements This Page (optional).....	785.44
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 165 OF 230			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 141.50 Transaction ID : D562309
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 108.90 Transaction ID : D564097
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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) c. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 207.38 Transaction ID : D563126
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003	
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:	

SUBTOTAL of Disbursements This Page (optional)	457.78
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 166 OF 230	
	<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. Corcoran Caterers		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2401 Montgomery St		Amount of Each Disbursement this Period 818.40 Transaction ID : D566652
City Silver Spring	State MD	
Zip Code 20910	Purpose of Disbursement Catering for Event	Category/ Type 003
Candidate Name	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. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 1000.00 Transaction ID : D566651
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 1000.00 Transaction ID : D566617
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2818.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 480.00 Transaction ID : D564095
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 480.00 Transaction ID : D564096
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 295.00 Transaction ID : D564110
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	1255.00
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 168 OF 230			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO Box 20980			Amount of Each Disbursement this Period 295.00 Transaction ID : D564111
City Atlanta	State GA	Zip Code 30320	
Purpose of Disbursement Travel Expense	Candidate Name		Category/ Type 002
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. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO Box 20980			Amount of Each Disbursement this Period 9.00 Transaction ID : D564112
City Atlanta	State GA	Zip Code 30320	
Purpose of Disbursement Travel Expense	Candidate Name		Category/ Type 002
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) C. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO Box 20980			Amount of Each Disbursement this Period 9.00 Transaction ID : D564113
City Atlanta	State GA	Zip Code 30320	
Purpose of Disbursement Travel Expense	Candidate Name		Category/ Type 002
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	313.00
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 169 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 15.00 Transaction ID : D564114
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 15.00 Transaction ID : D564115
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) c. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 35.00 Transaction ID : D567083
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event	Category/ Type
Candidate Name	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	* In-Kind Received
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	65.00
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 170 OF 230	
	<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. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 123.03 Transaction ID : D567084
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Event	
Candidate Name	Category/Type	* In-Kind Received
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. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 159.62 Transaction ID : D567085
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Event	
Candidate Name	Category/Type	* In-Kind Received
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) c. Feldis Flowers		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 160 7th Street		Amount of Each Disbursement this Period 1031.54 Transaction ID : D564107
City Garden City State NY Zip Code 11530	Purpose of Disbursement Event Flowers for Event	
Candidate Name	Category/Type 003	* In-Kind Received
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:	

SUBTOTAL of Disbursements This Page (optional).....	1314.19
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 171 OF 230	
	<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 Chamber Of Commerce			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 230 7th Street			Amount of Each Disbursement this Period 300.00 Transaction ID : D562840
City Garden City	State NY	Zip Code 11530	
Purpose of Disbursement Journal Ad	Candidate Name		Category/ Type 012
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. Garden City Hotel			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 45 Seventh Street			Amount of Each Disbursement this Period 5000.00 Transaction ID : D562843
City Garden City	State NY	Zip Code 11530	
Purpose of Disbursement Catering	Candidate Name		Category/ Type 003
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) c. Garden City Hotel			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 45 Seventh Street			Amount of Each Disbursement this Period 14657.38 Transaction ID : D564106
City Garden City	State NY	Zip Code 11530	
Purpose of Disbursement Catering	Candidate Name		Category/ Type 003
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:			

SUBTOTAL of Disbursements This Page (optional).....	19957.38
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 172 OF 230	
	<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. Global Strategy Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 17767.00 Transaction ID : D564080
City New York State NY Zip Code 10003	Purpose of Disbursement Polling Category/Type 005	
Candidate Name	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. Heather Podesta And Partners		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 901 7th Street, NW, Suite 600		Amount of Each Disbursement this Period 246.26 Transaction ID : D566653
City Washington State DC Zip Code 20001	Purpose of Disbursement Event Space Category/Type 003	
Candidate Name	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) C. Howard Heyman		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 23 Sylvan Place		Amount of Each Disbursement this Period 500.00 Transaction ID : D564108
City Montclair State NJ Zip Code 07042	Purpose of Disbursement Photography for Event Category/Type 003	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	18513.26
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 173 OF 230			
	<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. Max Kramer		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : D566613
City Oceanside	State NY	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
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. Max Kramer		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : D566650
City Oceanside	State NY	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
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) C. Max Kramer		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : D564089
City Oceanside	State NY	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 230			
	<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. Max Kramer		Date of Disbursement MM / DD / YYYY 04 / 15 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 2000.00 Transaction ID : D562850
City Oceanside	State NY	
Zip Code 11572	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Edgard Laborde		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 505 Liberty Street		Amount of Each Disbursement this Period 3500.00 Transaction ID : D566644
City Uniondale	State NY	
Zip Code 11553	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Edgard Laborde		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 505 Liberty Street		Amount of Each Disbursement this Period 2863.62 Transaction ID : D566610
City Uniondale	State NY	
Zip Code 11553	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	8363.62
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 175 OF 230	
	<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. Lake Group Media, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1 Bryam Brook Place		Amount of Each Disbursement this Period 2404.74
City Armonk State NY Zip Code 10504	Purpose of Disbursement Mailing List	
Candidate Name	Category/Type 003	Transaction ID : D566697
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. Coleman Lamb		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 139 South Kensington Avenue, 2nd F		Amount of Each Disbursement this Period 1250.00
City Rockville Centre State NY Zip Code 11570	Purpose of Disbursement Salary	
Candidate Name	Category/Type 001	Transaction ID : D566642
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) C. Coleman Lamb		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 139 South Kensington Avenue, 2nd F		Amount of Each Disbursement this Period 1250.00
City Rockville Centre State NY Zip Code 11570	Purpose of Disbursement Salary	
Candidate Name	Category/Type 001	Transaction ID : D566608
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:	

SUBTOTAL of Disbursements This Page (optional).....	4904.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 230	
	<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. Coleman Lamb		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 139 South Kensington Avenue, 2nd F		Amount of Each Disbursement this Period 1250.00 Transaction ID : D564088
City State Zip Code Rockville Centre NY 11570	Purpose of Disbursement Salary	
Candidate Name	Category/Type 001	
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. Coleman Lamb		Date of Disbursement MM / DD / YYYY 04 / 15 / 2014
Mailing Address 139 South Kensington Avenue, 2nd F		Amount of Each Disbursement this Period 1000.00 Transaction ID : D562849
City State Zip Code Rockville Centre NY 11570	Purpose of Disbursement Salary	
Candidate Name	Category/Type 001	
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) c. Charles D Lavine		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 6 Poppy Lane		Amount of Each Disbursement this Period 600.00 Transaction ID : D567079
City State Zip Code Glen Cove NY 11542	Purpose of Disbursement Catering	
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)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2850.00
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 177 OF 230	
	<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. Charles D Lavine		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 6 Poppy Lane		Amount of Each Disbursement this Period 198.00 Transaction ID : D567081
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Catering	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Liberty Concepts		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 119 Braintree St Ste 602		Amount of Each Disbursement this Period 3750.00 Transaction ID : D566655
City Allston	State MA	
Zip Code 02134-1660	Purpose of Disbursement Website Development	001 Category/Type
Candidate Name	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) C. Local 338 RWDSU/UFCW		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1505 Kellum Pl		Amount of Each Disbursement this Period 400.00 Transaction ID : D566637
City Mineola	State NY	
Zip Code 11501	Purpose of Disbursement Event Space	007 Category/Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	4348.00
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 178 OF 230	
	<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. Lowe's Home Centers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 700 Dibblee Drive		Amount of Each Disbursement this Period 507.70 Transaction ID : D566627
City Garden City State NY Zip Code 11530	Purpose of Disbursement Office Carpeting Candidate Name Category/Type 001	
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. The Mailworks		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 45 Prospect Avenue		Amount of Each Disbursement this Period 6555.20 Transaction ID : D566654
City Albany State NY Zip Code 12206	Purpose of Disbursement Postage Candidate Name Category/Type 003	
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) c. Maxi Car & Limousine Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2020 Pennsylvania Ave NW		Amount of Each Disbursement this Period 360.00 Transaction ID : D566698
City Washington State DC Zip Code 20006	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
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:	

SUBTOTAL of Disbursements This Page (optional).....	7422.90
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 179 OF 230		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00 Transaction ID : D566612
City Mineola State NY Zip Code 11501	Purpose of Disbursement Financial Consulting Candidate Name Category/Type 001	
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. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00 Transaction ID : D562842
City Mineola State NY Zip Code 11501	Purpose of Disbursement Financial Consulting Candidate Name Category/Type 001	
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) c. Sarah Moss		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1175 Emerson Street #212		Amount of Each Disbursement this Period 600.00 Transaction ID : D566658
City Denver State CO Zip Code 80218	Purpose of Disbursement Scheduling Consultant Candidate Name Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6600.00
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 180 OF 230			
	<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. Jonathan Murray		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1701 16th Street, NW Apt. 707		Amount of Each Disbursement this Period 5500.00 Transaction ID : D566656
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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. Jonathan Murray		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1701 16th Street, NW Apt. 707		Amount of Each Disbursement this Period 3616.50 Transaction ID : D566618
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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) C. Nassau County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address One Old Country Road Ste. 430		Amount of Each Disbursement this Period 2275.42 Transaction ID : D563125
City Carle Place State NY Zip Code 11514	Purpose of Disbursement Office Space Rental Candidate Name Category/Type 001	
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:	

SUBTOTAL of Disbursements This Page (optional).....	11391.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 230			
	<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. National Security Brokerage		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 3254 Railroad Avenue		Amount of Each Disbursement this Period 7697.78 Transaction ID : D562285
City Wantagh	State NY	
Zip Code 11793	Purpose of Disbursement Insurance	Category/ Type 001
Candidate Name	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. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 13.20 Transaction ID : D566632
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) c. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 16.10 Transaction ID : D566699
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	7727.08
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 182 OF 230	
	<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. Oxford Health		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address P.O. Box 1697		Amount of Each Disbursement this Period 648.61 Transaction ID : D566603
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Healthcare	Category/ Type 001
Candidate Name	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. Oxford Health		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address P.O. Box 1697		Amount of Each Disbursement this Period 648.61 Transaction ID : D562844
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Healthcare	Category/ Type 001
Candidate Name	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) c. Patricia Schneider Design Consultants		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address PO Box 234584		Amount of Each Disbursement this Period 487.78 Transaction ID : D562292
City Great Neck	State NY	
Zip Code 11023	Purpose of Disbursement Campaign Materials - Stickers	Category/ Type 006
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	1785.00
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 183 OF 230	
	<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. Patricia Schneider Design Consultants		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 234584		Amount of Each Disbursement this Period 2505.33 Transaction ID : D562294
City Great Neck	State NY	
Zip Code 11023	Purpose of Disbursement Campaign Materials - Yard Signs	Category/ Type 006
Candidate Name	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. Patricia Schneider Design Consultants		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 234584		Amount of Each Disbursement this Period 347.11 Transaction ID : D562295
City Great Neck	State NY	
Zip Code 11023	Purpose of Disbursement Campaign Materials - Banner	Category/ Type 006
Candidate Name	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) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 115.70 Transaction ID : D562852
City Rochester	State NY	
Zip Code 14625	Purpose of Disbursement Payroll Fees	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2968.14
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 184 OF 230			
	<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 04 / 15 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 1081.51 Transaction ID : D562846
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 927.57 Transaction ID : D564083
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
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) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 16.67 Transaction ID : D564084
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
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:	

SUBTOTAL of Disbursements This Page (optional).....	2025.75
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 185 OF 230			
	<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 04 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 99.75 Transaction ID : D564091
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Fees Candidate Name Category/Type 001	
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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 99.75 Transaction ID : D564092
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Fees Candidate Name Category/Type 001	
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) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 1384.54 Transaction ID : D566604
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
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:	

SUBTOTAL of Disbursements This Page (optional).....	1584.04
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 186 OF 230	
	<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 05 / 15 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 110.65 Transaction ID : D566605
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Fees Category/Type 001	
Candidate Name	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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 146.75 Transaction ID : D566606
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Fees Category/Type 001	
Candidate Name	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) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 1463.15 Transaction ID : D566638
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Taxes Category/Type 001	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	1720.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 230			
	<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 05 / 30 / 2014
Mailing Address 911 Panorama Trail S.		Amount of Each Disbursement this Period 114.10 Transaction ID : D566639
City Rochester State NY Zip Code 14625	Purpose of Disbursement Payroll Fees Candidate Name Category/Type 001	
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. Philip Stone Caterers		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1 Davis Avenue		Amount of Each Disbursement this Period 3033.35 Transaction ID : D562281
City Garden City State NY Zip Code 11530	Purpose of Disbursement Catering Candidate Name Category/Type 003	
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) c. The Alchar Printing Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 599 Pawling Avenue		Amount of Each Disbursement this Period 5695.21 Transaction ID : D562286
City Troy State NY Zip Code 12180	Purpose of Disbursement Printing Candidate Name Category/Type 003	
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:	

SUBTOTAL of Disbursements This Page (optional).....	8842.66
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 188 OF 230	
	<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. Red Horse Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 55 Washington Street Suite 624		Amount of Each Disbursement this Period 61225.00 Transaction ID : D562289
City Brooklyn	State NY	
Zip Code 11201	Purpose of Disbursement Field Consulting	Category/ Type 001
Candidate Name	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. Judith Roche		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 59 Woodbine Drive E.		Amount of Each Disbursement this Period 500.00 Transaction ID : D562841
City Hicksville	State NY	
Zip Code 11080	Purpose of Disbursement Financial Consulting	Category/ Type 001
Candidate Name	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) C. Judith Roche		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 59 Woodbine Drive E.		Amount of Each Disbursement this Period 500.00 Transaction ID : D566611
City Hicksville	State NY	
Zip Code 11080	Purpose of Disbursement Financial Consulting	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	62225.00
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 189 OF 230	
	<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. Audrey Schein		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 7 Cedar Lane		Amount of Each Disbursement this Period 1128.00 Transaction ID : D567087
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Catering	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SKD Knickerbocker		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 594 Broadway, Suite 805		Amount of Each Disbursement this Period 12000.00 Transaction ID : D566616
City New York	State NY	
Zip Code 10012	Purpose of Disbursement Media Consulting	* In-Kind Received
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" 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) c. SKD Knickerbocker		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 594 Broadway, Suite 805		Amount of Each Disbursement this Period 12000.00 Transaction ID : D566662
City New York	State NY	
Zip Code 10012	Purpose of Disbursement Media Consulting	* In-Kind Received
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" 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:		

SUBTOTAL of Disbursements This Page (optional).....	25128.00
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 190 OF 230		
	<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. SKD Knickerbocker		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 594 Broadway, Suite 805		Amount of Each Disbursement this Period 24000.00 Transaction ID : D563122
City New York	State NY	
Zip Code 10012	Purpose of Disbursement Media Consulting	Category/ Type 001
Candidate Name	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. SKD Knickerbocker		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 594 Broadway, Suite 805		Amount of Each Disbursement this Period 2740.00 Transaction ID : D563123
City New York	State NY	
Zip Code 10012	Purpose of Disbursement Palm Cards	Category/ Type 006
Candidate Name	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) c. Square One Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1525 75th Avenue		Amount of Each Disbursement this Period 1120.00 Transaction ID : D562277
City Fridley	State MN	
Zip Code 55432	Purpose of Disbursement Paid Phone Calls	Category/ Type 007
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	27860.00
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 191 OF 230	
	<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. Square One Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1525 75th Avenue		Amount of Each Disbursement this Period 109.29
City Fridley	State MN	
Zip Code 55432	Purpose of Disbursement Robo Call	Transaction ID : D562280
Candidate Name	007 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. Stroock & Stroock & Lavan. LLP		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 767 Third Avenue		Amount of Each Disbursement this Period 10000.00
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Legal Fees	Transaction ID : D562305
Candidate Name	001 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) c. The Conrad Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 410 1st St, SE Suite 310		Amount of Each Disbursement this Period 3000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising Consulting	Transaction ID : D562276
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	13109.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 230		
	<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. The Corridor Counts

Full Name (Last, First, Middle Initial)
Mailing Address 556 Peninsula Blvd.

City Hempstead State NY Zip Code 11550

Purpose of Disbursement
Event Tickets and Journal Ad

Candidate Name

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

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 385.00

Transaction ID : D563120

Category/Type: 012

B. The County of Nassau

Full Name (Last, First, Middle Initial)
Mailing Address 262 Old Country Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

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

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : D564093

Category/Type: 001

c. The Hyatt Regency

Full Name (Last, First, Middle Initial)
Mailing Address 400 New Jersey Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expense

Candidate Name

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

State: District:

Date of Disbursement: 05 / 03 / 2014

Amount of Each Disbursement this Period: 21.10

Transaction ID : D564119

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) 10406.10

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 193 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. The Soho House		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 29-35 9th Avenue		Amount of Each Disbursement this Period 14298.41 Transaction ID : D566660
City New York	State NY	
Zip Code 10014	Purpose of Disbursement Event Space	Category/ Type 003
Candidate Name	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. Zach Tierney		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 305 Convent Avenue Apt. 3		Amount of Each Disbursement this Period 1250.00 Transaction ID : D566645
City New York	State NY	
Zip Code 10031	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Zach Tierney		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 305 Convent Avenue Apt. 3		Amount of Each Disbursement this Period 1250.00 Transaction ID : D566609
City New York	State NY	
Zip Code 10031	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	16798.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 230			
	<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. Zach Tierney			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 305 Convent Avenue Apt. 3			Amount of Each Disbursement this Period 1250.00	
City New York	State NY	Zip Code 10031	Transaction ID : D564090	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Zach Tierney			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 305 Convent Avenue Apt. 3			Amount of Each Disbursement this Period 1250.00	
City New York	State NY	Zip Code 10031	Transaction ID : D562851	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. Tri Star Graphics Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address P.O. Box 7013 11 Red Maple Drive North			Amount of Each Disbursement this Period 4739.76	
City Wantagh	State NY	Zip Code 11793	Transaction ID : D562853	
Purpose of Disbursement Printing		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	7239.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 230			
	<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. Tri Star Graphics Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address P.O. Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 896.16 Transaction ID : D562854
City Wantagh	State NY	
Zip Code 11793	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	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. Tri Star Graphics Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address P.O. Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 342.17 Transaction ID : D562303
City Wantagh	State NY	
Zip Code 11793	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name	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) c. Tri Star Graphics Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address P.O. Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 423.64 Transaction ID : D562304
City Wantagh	State NY	
Zip Code 11793	Purpose of Disbursement Printing	Category/ Type 003
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	896.16
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 196 OF 230	
	<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. Tri Star Graphics Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address P.O. Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 657.18 Transaction ID : D566615
City Wantagh	State NY	
Zip Code 11793	Purpose of Disbursement Printing	Category/ Type 003
Candidate Name	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. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 12000.00 Transaction ID : D566659
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Fundraising Consulting	Category/ Type 001
Candidate Name	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) c. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 12000.00 Transaction ID : D562273
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Fundraising Consulting	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	24657.18
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 197 OF 230	
	<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 05 / 01 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 12000.00 Transaction ID : D564081
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Fundraising Consulting	Category/ Type 001
Candidate Name	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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 244.00 Transaction ID : D566628
City Arlington	State VA	
Zip Code 22227	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 244.00 Transaction ID : D566629
City Arlington	State VA	
Zip Code 22227	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	12488.00
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 198 OF 230			
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 750.00 Transaction ID : D566648
City Mineola State NY Zip Code 11501	Purpose of Disbursement Bulk Mail Permit Candidate Name Category/Type 001	
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. VR Research		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1624 Franklin Street Suite 901		Amount of Each Disbursement this Period 9929.84 Transaction ID : D566625
City Oakland State CA Zip Code 94612	Purpose of Disbursement Research Consulting Candidate Name Category/Type 001	
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) C. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 1750.00 Transaction ID : D566619
City Garden City State NY Zip Code 11530	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	12429.84
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 199 OF 230			
	<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. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 1750.00 Transaction ID : D566657
City Garden City State NY Zip Code 11530	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 1750.00 Transaction ID : D564085
City Garden City State NY Zip Code 11530	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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) C. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 1750.00 Transaction ID : D562847
City Garden City State NY Zip Code 11530	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
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 200 OF 230		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Brittany Wise		Date of Disbursement MM / DD / YYYY 04 / 15 / 2014
Mailing Address 330 E. 39th Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : D562848
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Brittany Wise		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 330 E. 39th Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : D564087
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Brittany Wise		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 330 E. 39th Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : D566649
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
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 201 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Brittany Wise		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 330 E. 39th Street		Amount of Each Disbursement this Period 3000.00
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Salary	Transaction ID : D566614
Candidate Name	001 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. Jonathan Murray		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1701 16th Street, NW Apt. 707		Amount of Each Disbursement this Period 1916.59
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Travel, Meals, Supplies	Transaction ID : D566869
Candidate Name	001 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) c. Brookstone		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 630 Old Country Road		Amount of Each Disbursement this Period 325.86
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Office Supplies - Projector	Transaction ID : D566889 [MEMO ITEM]
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	4916.59
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 202 OF 230	
	<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. Churchill's		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 18 S. Park Avenue		Amount of Each Disbursement this Period 262.82
City Rockville Centre	State NY	
Zip Code 11570	Purpose of Disbursement Food & Beverage	Transaction ID : D566875 [MEMO ITEM]
Candidate Name	Category/ Type 007	
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. Holiday Inn		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 369 Old Country Road		Amount of Each Disbursement this Period 361.88
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Travel Expense	Transaction ID : D566885 [MEMO ITEM]
Candidate Name	Category/ Type 002	
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) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 270.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel Expense	Transaction ID : D566883 [MEMO ITEM]
Candidate Name	Category/ Type 002	
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:		

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 203 OF 230	
	<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. Travelocity		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3150 Sabre Drive		Amount of Each Disbursement this Period 314.00
City Southlake	State TX	
Zip Code 76092		Transaction ID : D566881
Purpose of Disbursement Travel Expense	Category/ Type 002	
Candidate Name		[MEMO ITEM]
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. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 202.33
City New York	State NY	
Zip Code 10003		Transaction ID : D566893
Purpose of Disbursement Travel, Meals	Category/ Type 001	
Candidate Name		[MEMO ITEM]
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) C. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10006		Transaction ID : D566896
Purpose of Disbursement Travel Expense	Category/ Type 002	
Candidate Name		[MEMO ITEM]
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: _____	

SUBTOTAL of Disbursements This Page (optional).....	202.33
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 204 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial)
A. NYC Taxi & Limosine Commission

Mailing Address 40 Rector Street

City New York State NY Zip Code 10006

Purpose of Disbursement Travel Expense Category/Type 002

Candidate Name

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

State: District:

Date of Disbursement 05 / 21 / 2014

Amount of Each Disbursement this Period 16.00

Transaction ID : D566897

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. NYC Taxi & Limosine Commission

Mailing Address 40 Rector Street

City New York State NY Zip Code 10006

Purpose of Disbursement Travel Expense Category/Type 002

Candidate Name

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

State: District:

Date of Disbursement 05 / 21 / 2014

Amount of Each Disbursement this Period 17.50

Transaction ID : D566898

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. NYC Taxi & Limosine Commission

Mailing Address 40 Rector Street

City New York State NY Zip Code 10006

Purpose of Disbursement Travel Expense Category/Type 002

Candidate Name

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

State: District:

Date of Disbursement 05 / 22 / 2014

Amount of Each Disbursement this Period 20.00

Transaction ID : D566900

[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 205 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 23.00
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D566930 [MEMO ITEM]
Candidate Name	Category/Type 002	
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. Max Kramer		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 1726.49
City Oceanside	State NY	
Zip Code 11572	Purpose of Disbursement Travel, Meals, Supplies	Transaction ID : D566921
Candidate Name	Category/Type 001	
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) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1100 Old Country Road		Amount of Each Disbursement this Period 42.36
City Westbury	State NY	
Zip Code 11590	Purpose of Disbursement Office Supplies - Ink	Transaction ID : D566934 [MEMO ITEM]
Candidate Name	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1726.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 206 OF 230	
	<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. Best Buy		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 1100 Old Country Road		Amount of Each Disbursement this Period 42.36
City Westbury	State NY Zip Code 11590	
Purpose of Disbursement Office Supplies - Ink	Category/Type 001	Transaction ID : D566935 [MEMO ITEM]
Candidate Name		
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. Long Island Rail Road		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 16.00
City Jamaica	State NY Zip Code 11435	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : D566922 [MEMO ITEM]
Candidate Name		
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) c. Long Island Rail Road		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 18.00
City Jamaica	State NY Zip Code 11435	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : D566923 [MEMO ITEM]
Candidate Name		
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:		

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 207 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Long Island Rail Road			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 350383			Amount of Each Disbursement this Period 30.00
City Jamaica	State NY	Zip Code 11435	
Purpose of Disbursement Travel Expense		Category/ Type 002	Transaction ID : D566924 [MEMO ITEM]
Candidate Name			
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. Long Island Rail Road			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 350383			Amount of Each Disbursement this Period 27.00
City Jamaica	State NY	Zip Code 11435	
Purpose of Disbursement Travel Expense		Category/ Type 002	Transaction ID : D566925 [MEMO ITEM]
Candidate Name			
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) C. Lowe's Home Centers, Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 700 Dibblee Drive			Amount of Each Disbursement this Period 960.90
City Garden City	State NY	Zip Code 11530	
Purpose of Disbursement Office Carpeting		Category/ Type 001	Transaction ID : D566936 [MEMO ITEM]
Candidate Name			
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: _____		

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 208 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 12.50
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D566929 [MEMO ITEM]
Candidate Name	002 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. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 15.50
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D566927 [MEMO ITEM]
Candidate Name	002 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) C. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 15.50
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D566931 [MEMO ITEM]
Candidate Name	002 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:		

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 209 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 10.62
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D566932 [MEMO ITEM]
Candidate Name	Category/Type 002	
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 245.00
City Mineola	State NY	
Zip Code 11501	Purpose of Disbursement Postage	Transaction ID : D566928 [MEMO ITEM]
Candidate Name	Category/Type 001	
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) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 147.00
City Mineola	State NY	
Zip Code 11501	Purpose of Disbursement Postage	Transaction ID : D566926 [MEMO ITEM]
Candidate Name	Category/Type 001	
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:		

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 210 OF 230	
	<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. Steven Coyle		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 103.85 Transaction ID : D566938
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement Travel, Supplies	Category/ Type 001
Candidate Name	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. Long Island Rail Road		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 18.00 Transaction ID : D566942 [MEMO ITEM]
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) c. Staples		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 24.97 Transaction ID : D566939 [MEMO ITEM]
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Office Supplies - Ink	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	103.85
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 211 OF 230	
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 3.51
City Mineola	State NY Zip Code 11501	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : D566940
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 48.95
City Garden City	State NY Zip Code 11530	
Purpose of Disbursement Meals	Category/Type 001	Transaction ID : D566944
Candidate Name		
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) c. Zach Tierney		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 305 Convent Avenue Apt. 3		Amount of Each Disbursement this Period 413.92
City New York	State NY Zip Code 10031	
Purpose of Disbursement Travel, Meals, Supplies	Category/Type 001	Transaction ID : D566947
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	462.87
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 Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 230			
	<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. Mobil Gas Station		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3 Jericho Turnpike		Amount of Each Disbursement this Period 82.80
City Old Westbury	State NY	
Zip Code 11501	Purpose of Disbursement Travel Expense	Transaction ID : D566950 [MEMO ITEM]
Candidate Name	Category/Type 002	
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. Lowe's Home Centers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 700 Dibblee Drive		Amount of Each Disbursement this Period 38.02
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Field Supplies	Transaction ID : D566949 [MEMO ITEM]
Candidate Name	Category/Type 001	
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) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 258.67
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Field Supplies	Transaction ID : D566948 [MEMO ITEM]
Candidate Name	Category/Type 001	
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:		

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 213 OF 230	
	<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. Lowe's Home Centers, Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 700 Dibblee Drive			Amount of Each Disbursement this Period 10.70	
City Garden City	State NY	Zip Code 11530	Transaction ID : D566955	
Purpose of Disbursement Field Supplies		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
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. Jonathan Murray			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 1701 16th Street, NW Apt. 707			Amount of Each Disbursement this Period 440.00	
City Washington	State DC	Zip Code 20009	Transaction ID : D566956	
Purpose of Disbursement Postage		Category/ Type 001		
Candidate Name				
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) c. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 160 First St			Amount of Each Disbursement this Period 440.00	
City Mineola	State NY	Zip Code 11501	Transaction ID : D566958	
Purpose of Disbursement Postage		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	440.00
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 214 OF 230			
	<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. Sarah Moss		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1175 Emerson Street #212		Amount of Each Disbursement this Period 145.59 Transaction ID : D566959
City Denver State CO Zip Code 80218	Purpose of Disbursement Travel, Meals Category/Type 001	
Candidate Name	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. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 7.25 Transaction ID : D566962 [MEMO ITEM]
City Jamaica State NY Zip Code 11435	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	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) C. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 92.30 Transaction ID : D566960 [MEMO ITEM]
City New York State NY Zip Code 10006	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	145.59
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 215 OF 230	
	<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. Max Kramer		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 1044.78
City Oceanside	State NY	
Zip Code 11572	Purpose of Disbursement Travel, Supplies	Transaction ID : D566966
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. Long Island Rail Road		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 19.00
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Transaction ID : D566967
Candidate Name	Category/Type 002	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Long Island Rail Road		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 24.00
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Transaction ID : D566968
Candidate Name	Category/Type 002	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1044.78
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 216 OF 230			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 11.00
City Jamaica	State NY	
Zip Code 11435		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 30.00
City Jamaica	State NY	
Zip Code 11435		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 13.75
City New York	State NY	
Zip Code 10006		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 217 OF 230			
	<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 MM / DD / YYYY 05 / 08 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 280.43
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Office Supplies - Paper, Pens	Transaction ID : D566981 [MEMO ITEM]
Candidate Name	Category/Type 001	
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. Staples		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 34.73
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Office Supplies - Charger	Transaction ID : D566983 [MEMO ITEM]
Candidate Name	Category/Type 001	
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) c. Staples		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 214.21
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Office Supplies - Paper, Pens	Transaction ID : D566984 [MEMO ITEM]
Candidate Name	Category/Type 001	
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:		

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 218 OF 230	
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 245.00
City Mineola	State NY Zip Code 11501	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : D566975
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 464.35
City New York	State NY Zip Code 10003	
Purpose of Disbursement Travel, Meals	Category/Type 001	Transaction ID : D566988
Candidate Name		
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) c. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 46.40
City Bethpage	State NY Zip Code 11714	
Purpose of Disbursement Travel, Supplies	Category/Type 001	Transaction ID : D567003
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	510.75
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 219 OF 230	
	<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. Lowe's Home Centers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 700 Dibblee Drive		Amount of Each Disbursement this Period 21.40
City Garden City State NY Zip Code 11530	Purpose of Disbursement Copies of Keys	
Candidate Name	Category/Type 001	Transaction ID : D567005 [MEMO ITEM]
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. Amanda Walsh		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 42 Hilton Avenue		Amount of Each Disbursement this Period 48.26
City Garden City State NY Zip Code 11530	Purpose of Disbursement Travel, Meals	
Candidate Name	Category/Type 001	Transaction ID : D567006
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) C. Eric Phillips		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 190 Bleecker Street Apt. 26		Amount of Each Disbursement this Period 1035.34
City New York State NY Zip Code 10012	Purpose of Disbursement Travel, Meals, Supplies	
Candidate Name	Category/Type 001	Transaction ID : D567009
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:	

SUBTOTAL of Disbursements This Page (optional).....	1083.60
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 220 OF 230	
	<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. La Nonna Bella		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 660 Franklin Avenue		Amount of Each Disbursement this Period 202.71
City Garden City State NY Zip Code 11530	Purpose of Disbursement Food & Beverage 001 Category/Type	
Candidate Name		Transaction ID : D567021 [MEMO ITEM]
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. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 8.00
City Jamaica State NY Zip Code 11435	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : D567017 [MEMO ITEM]
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) c. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 12.50
City Jamaica State NY Zip Code 11435	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : D567018 [MEMO ITEM]
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:	

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 221 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Long Island Rail Road			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address PO Box 350383			Amount of Each Disbursement this Period 8.00	
City Jamaica	State NY	Zip Code 11435	Transaction ID : D567019	
Purpose of Disbursement Travel Expense		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
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. NYC Taxi & Limosine Commission			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 40 Rector Street			Amount of Each Disbursement this Period 12.33	
City New York	State NY	Zip Code 10006	Transaction ID : D567013	
Purpose of Disbursement Travel Expense		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
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) C. NYC Taxi & Limosine Commission			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 40 Rector Street			Amount of Each Disbursement this Period 26.00	
City New York	State NY	Zip Code 10006	Transaction ID : D567014	
Purpose of Disbursement Travel Expense		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
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:			

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 222 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. The Hyatt Regency		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 596.58
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : D567011 [MEMO ITEM]
Candidate Name		
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. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 80.00
City Bethpage	State NY Zip Code 11714	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : D567023
Candidate Name		
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) C. Max Kramer		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2856 Rockaway Ave		Amount of Each Disbursement this Period 1252.03
City Oceanside	State NY Zip Code 11572	
Purpose of Disbursement Travel, Meals, Supplies	Category/Type 001	Transaction ID : D567026
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	1332.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 230			
	<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. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1100 Old Country Road		Amount of Each Disbursement this Period 162.86
City Westbury	State NY	
Purpose of Disbursement Office Furniture	Zip Code 11590	Category/ Type 001
Candidate Name		
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. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1100 Old Country Road		Amount of Each Disbursement this Period 32.56
City Westbury	State NY	
Purpose of Disbursement Office Supplies - Chargers	Zip Code 11590	Category/ Type 001
Candidate Name		
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) c. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 30.00
City Jamaica	State NY	
Purpose of Disbursement Travel Expense	Zip Code 11435	Category/ Type 002
Candidate Name		
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:		

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 224 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 19.00
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Transaction ID : D567032 [MEMO ITEM]
Candidate Name	002 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. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 24.00
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Transaction ID : D567033 [MEMO ITEM]
Candidate Name	002 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) c. Long Island Rail Road		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 350383		Amount of Each Disbursement this Period 11.00
City Jamaica	State NY	
Zip Code 11435	Purpose of Disbursement Travel Expense	Transaction ID : D567034 [MEMO ITEM]
Candidate Name	002 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:		

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 225 OF 230	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 10.00
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D567028 [MEMO ITEM]
Candidate Name	Category/Type 002	
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. NYC Taxi & Limosine Commission		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 40 Rector Street		Amount of Each Disbursement this Period 12.50
City New York	State NY	
Zip Code 10006	Purpose of Disbursement Travel Expense	Transaction ID : D567030 [MEMO ITEM]
Candidate Name	Category/Type 002	
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) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 192 Glen Cove Rd. Suite 280		Amount of Each Disbursement this Period 42.35
City Carle Place	State NY	
Zip Code 11514	Purpose of Disbursement Office Supplies - Paper, Pens	Transaction ID : D567038 [MEMO ITEM]
Candidate Name	Category/Type 001	
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:		

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 226 OF 230			
	<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

Mailing Address 192 Glen Cove Rd. Suite 280

City Carle Place State NY Zip Code 11514

Purpose of Disbursement Office Supplies - Folders

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2014

Amount of Each Disbursement this Period: 17.99

Transaction ID : D567040

[MEMO ITEM]

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

Mailing Address 192 Glen Cove Rd. Suite 280

City Carle Place State NY Zip Code 11514

Purpose of Disbursement Office Furniture

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 442.57

Transaction ID : D567056

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
c. US Postmaster

Mailing Address 160 First St

City Mineola State NY Zip Code 11501

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 254.00

Transaction ID : D567053

[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 227 OF 230	
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 160 First St		Amount of Each Disbursement this Period 9.00
City Mineola	State NY Zip Code 11501	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : D567054
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 38.74
City Bethpage	State NY Zip Code 11714	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : D567061
Candidate Name		
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) c. Mobil Gas Station		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 3 Jericho Turnpike		Amount of Each Disbursement this Period 38.74
City Old Westbury	State NY Zip Code 11501	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : D567062
Candidate Name		
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 OF 230	
	<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. Zach Tierney		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 305 Convent Avenue Apt. 3		Amount of Each Disbursement this Period 170.01 Transaction ID : D567063
City New York	State NY	
Zip Code 10031	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	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. Mobil Gas Station		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 3 Jericho Turnpike		Amount of Each Disbursement this Period 100.00 Transaction ID : D567064 [MEMO ITEM]
City Old Westbury	State NY	
Zip Code 11501	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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) c. Mobil Gas Station		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 3 Jericho Turnpike		Amount of Each Disbursement this Period 45.01 Transaction ID : D567065 [MEMO ITEM]
City Old Westbury	State NY	
Zip Code 11501	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	170.01
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 229 OF 230	
	<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. Mobil Gas Station		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 3 Jericho Turnpike		Amount of Each Disbursement this Period 25.00
City Old Westbury	State NY	
Zip Code 11501	Purpose of Disbursement Travel Expense	Transaction ID : D567066
Candidate Name	002 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Steven Coyle		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 9 Hilltop Avenue		Amount of Each Disbursement this Period 52.13
City Bethpage	State NY	
Zip Code 11714	Purpose of Disbursement Travel	Transaction ID : D567068
Candidate Name	001 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) c. Tucker Green Consulting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 895 Broadway - 5th Floor		Amount of Each Disbursement this Period 196.36
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Travel, Meals	Transaction ID : D567070
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	248.49
TOTAL This Period (last page this line number only).....	467974.29

**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 230 OF 230	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kathleen Rice for Congress

Full Name (Last, First, Middle Initial) A. Audrey Schein		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 7 Cedar Lane		Amount of Each Disbursement this Period 628.00
City Glen Cove	State NY	
Zip Code 11542	Purpose of Disbursement Contribution Refund	Transaction ID : D567196
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. Peggy Wiedman		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 101 Singworth Street		Amount of Each Disbursement this Period 300.00
City Oyster Bay	State NY	
Zip Code 11771	Purpose of Disbursement Contribution Refund	Transaction ID : D563116
Candidate Name	Category/Type 001	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	928.00
TOTAL This Period (last page this line number only).....	928.00