

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Kathleen Rice for Congress

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

2. **FEC IDENTIFICATION NUMBER** ▼ C C00555813 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Margaret May  
Signature of Treasurer Margaret May *[Electronically Filed]* Date M M / D D / Y Y Y Y  
06 / 05 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Kathleen Rice for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	272803.10	370824.31
(b) Total Contribution Refunds (from Line 20(d)) .....	5450.00	7050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	267353.10	363774.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	242255.54	431577.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	12557.20	12626.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	229698.34	418951.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66609.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	178000.00	250327.63
(ii) Unitemized.....	3752.79	3846.37
(iii) TOTAL of contributions from individuals ▶	181752.79	254174.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	91050.31	116650.31
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	272803.10	370824.31
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	19684.72
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	12557.20	12626.64
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.20	0.33
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	285360.50	403136.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	242255.54	431577.85
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 .....	450.00	2050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5450.00	7050.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	247705.54	438627.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28954.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	285360.50
25. SUBTOTAL (add Line 23 and Line 24).....	314315.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	247705.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66609.63

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

This amendment is in response to the RFAI dated May 5, 2015. Debt payments referenced in the RFAI were paid for by the New York State Democratic Party. The payments are listed as memo items so that the debt is removed from our debt schedule.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 109
	<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)  
**Susan Andrews**

Mailing Address **PO Box 302**  
**26 Freeport Ave**

City **Point Lookout** State **NY** Zip Code **11569-0302**

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

Name of Employer **S&S Court Services** Occupation **Exec Director**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2015**

**Transaction ID : VNW3EDN1W73**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gina Argento**

Mailing Address **203 Meserole Ave**

City **Brooklyn** State **NY** Zip Code **11222-2432**

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

Name of Employer **Broadway Stages** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : VNW3EDMFX74**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Marion Bergman**

Mailing Address **104A Middleville Rd**  
**Apt 87A**

City **Northport** State **NY** Zip Code **11768-2346**

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

Name of Employer **retired** Occupation **doctor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : VNW3EDMCQNO**

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 7 OF 109
	<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) <b>Gene M. Bernstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2015
Mailing Address 25 Melville Park Rd FI 2		<b>Transaction ID : VNW3EDMN4R2</b>
City Melville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northville Industries	Occupation Chariman/Executive	
Receipt For: 2016 <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>Betsy Blattmachr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015
Mailing Address 77 Hampton Rd		<b>Transaction ID : VNW3EDN1X18</b>
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 none	Occupation none	
Receipt For: 2016 <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>Betsy Blattmachr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015
Mailing Address 77 Hampton Rd		<b>Transaction ID : VNW3EDN60X8</b>
City Garden City	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 8 OF 109
	<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 G. Blattmachr**

Mailing Address 77 Hampton Rd

City State Zip Code  
Garden City NY 11530-2709

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

Name of Employer Occupation  
Pioneer Wealth Partners Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNS2K4**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Owen S. Blicksilver**

Mailing Address 2 Filbert St

City State Zip Code  
Garden City NY 11530-6212

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

Name of Employer Occupation  
Owen Blicksilver Public Relations, Inc Public Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

**Transaction ID : VNW3EDK9T10**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Owen S. Blicksilver**

Mailing Address 2 Filbert St

City State Zip Code  
Garden City NY 11530-6212

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

Name of Employer Occupation  
Owen Blicksilver Public Relations, Inc Public Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

**Transaction ID : VNW3EDK9T28**

Amount of Each Receipt this Period  
2500.00

**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: PAGE 9 OF 109  
(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)  
**Kenneth Bloom**

Mailing Address 801 2nd Ave  
FI 15

City State Zip Code  
New York NY 10017-4706

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

Name of Employer Occupation  
gartner+bloom PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VNW3EDMRSZ5**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Bloom**

Mailing Address 801 2nd Ave  
FI 15

City State Zip Code  
New York NY 10017-4706

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

Name of Employer Occupation  
gartner+bloom PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VNW3EDMRT79**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Bloom**

Mailing Address 801 2nd Ave  
FI 15

City State Zip Code  
New York NY 10017-4706

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

Name of Employer Occupation  
gartner+bloom PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : VNW3EDMY6A8**

Amount of Each Receipt this Period  
700.00

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 109
	<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)  
**Anthony J. Bonomo**

Mailing Address 1800 Northern Blvd  
Physicians Reciprocal Insurers

City Roslyn State NY Zip Code 11576-1140

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

Name of Employer Physicians Reciprocal Insurance Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : VNW3EDMFXC3**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jack Brach**

Mailing Address 773 Caffrey Ave

City Far Rockaway State NY Zip Code 11691-5301

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

Name of Employer BRACH SUPERMARKET Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : VNW3EDNPA14**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 26 Harbor Rd

City Port Washington State NY Zip Code 11050-2524

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

Name of Employer Sandata Technologies, Inc. Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : VNW3EDMD926**

Amount of Each Receipt this Period  
 1000.00

**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 11 OF 109
	<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)  
**Bert E. Brodsky**

Mailing Address 26 Harbor Rd

City State Zip Code  
Port Washington NY 11050-2524

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

Name of Employer Occupation  
Sandata Technologies, Inc. Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : VNW3EDMHAX1**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 155 Piping Rock Rd

City State Zip Code  
Locust Valley NY 11560-2508

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2015

**Transaction ID : VNW3EDKRVZ8**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 87 5th St

City State Zip Code  
Garden City NY 11530-4409

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

Name of Employer Occupation  
Dave Cassaro Consulting Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : VNW3EDMKYF2**

Amount of Each Receipt this Period  
500.00

**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 12 OF 109
	<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 17 Quail Hill Rd  
Castro Realty

City Lloyd Harbor State NY Zip Code 11743-1020

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

Name of Employer Self Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : VNW3EDMDBK3**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 4800 Dexter St NW

City Washington State DC Zip Code 20007-1017

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

Name of Employer The Duberstein Group Inc Occupation Vice Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF3W6**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 271 Central Park W

City New York State NY Zip Code 10024-3020

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

Name of Employer Tenth Avenue Holdings Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNQ891**

Amount of Each Receipt this Period  
 1000.00

**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 13 OF 109
	<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) <b>Darrell Cook</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2015
Mailing Address 5005 Greenville Ave Ste 200		<b>Transaction ID : VNW3EDKKCM9</b>
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Darrell W Cook, PC	Occupation Attorney	
Receipt For: 2016 <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>Evelyn Core</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015
Mailing Address 619 Dickens St		<b>Transaction ID : VNW3EDN1VQ6</b>
City Westbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Meadow Carting Corporation	Occupation Owner	
Receipt For: 2016 <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>Linda Cronin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015
Mailing Address 1295 Northern Blvd Ste 17		<b>Transaction ID : VNW3EDMZJH7</b>
City Manhasset	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> 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 109
	<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)  
**DANIEL J. DENIHAN**

Mailing Address 44 Andover Ct

City State Zip Code  
Manhasset NY 11030-1002

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

Name of Employer Occupation  
Tenth Avenue Holdings Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNQNP1**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Florence Edelstein**

Mailing Address 880 5th Ave  
Apt 14F

City State Zip Code  
New York NY 10021-5260

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

Name of Employer Occupation  
Edel. Family Management Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : VNW3EDMWA76**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Florence Edelstein**

Mailing Address 880 5th Ave  
Apt 14F

City State Zip Code  
New York NY 10021-5260

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

Name of Employer Occupation  
Edel. Family Management Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : VNW3EDMWA84**

Amount of Each Receipt this Period  
2700.00

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

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

6400.00

**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 15 OF 109
	<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 Edelstein**

Mailing Address 307 W 79th St  
307 W. 79th Street

City State Zip Code  
New York NY 10024-6150

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

Name of Employer Occupation  
Edel. Family Management Owner/CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : VNW3EDM4VE7**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 307 W 79th St  
307 W. 79th Street

City State Zip Code  
New York NY 10024-6150

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

Name of Employer Occupation  
Edel. Family Management Owner/CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : VNW3EDM4VF5**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Judith A Eisen Wild**

Mailing Address 400 E 56th St  
Fl 6

City State Zip Code  
New York NY 10022-4147

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

Name of Employer Occupation  
Garfunkel Wild, P.C Partner/Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : VNW3EDM7K04**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 109
	<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)  
**Susan Foley**

Mailing Address 68 Piping Rock Rd

City State Zip Code  
Locust Valley NY 11560-2229

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

Name of Employer Occupation  
Na Na

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : VNW3EDMRTF2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 123 Weyford Ter

City State Zip Code  
Garden City NY 11530-2513

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : VNW3EDMYAX5**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kirk Freeman**

Mailing Address 1849 Ontario PI NW

City State Zip Code  
Washington DC 20009-2108

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

Name of Employer Occupation  
NAREIT Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : VNW3EDNQ883**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**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 17 OF 109
	<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)  
**NewDemPac**

Mailing Address 233 Pennsylvania Ave SE  
FI 2

City Washington State DC Zip Code 20003-1121

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNQ883E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 365 Stewart Ave

City Garden City State NY Zip Code 11530-4532

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

Name of Employer Occupation  
Daniel Gale Sotheby's Realty Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : VNW3EDMFX24**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Gold**

Mailing Address 600 Food Center Dr  
Sultana Food Distribution Services

City Bronx State NY Zip Code 10474-7037

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

Name of Employer Occupation  
Sultana Distribution Services CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015

**Transaction ID : VNW3EDJQG77**

Amount of Each Receipt this Period  
2600.00

**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 18 OF 109
	<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)  
**Linda P. Gold**

Mailing Address 600 Food Center Dr

City State Zip Code  
Bronx NY 10474-7037

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015

**Transaction ID : VNW3EDJQG92**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Greenfield**

Mailing Address 5 Huber Ct

City State Zip Code  
Rockville Centre NY 11570-1512

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

Name of Employer Occupation  
NGL Group LLC Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : VNW3EDMEYX2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Clare T. Gustafson**

Mailing Address 18 Stratford Grn

City State Zip Code  
Farmingdale NY 11735-2544

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : VNW3EDMQTE5**

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 19 OF 109
	<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 HADDAD**

Mailing Address 7701 Woodmont Ave  
Apt 1008

City State Zip Code  
Bethesda MD 20814-6044

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

Name of Employer Occupation  
Law Office of James M Haddad Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : VNW3EDNCX48**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mehran Hakimian**

Mailing Address 9 Rodney Ln

City State Zip Code  
Great Neck NY 11024-1015

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

Name of Employer Occupation  
Mehran Hakimian Inc Jeweler

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 23 / 2015

**Transaction ID : VNW3EDKFM64**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 17 W 122nd St

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : VNW3EDMMS68**

Amount of Each Receipt this Period  
250.00

**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 20 OF 109
	<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)  
**Carol Harrison**

Mailing Address 185 Noye Ln

City Woodmere State NY Zip Code 11598-1852

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

Name of Employer M&R Management Co. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : VNW3EDMRTM1**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 185 Noye Ln

City Woodmere State NY Zip Code 11598-1852

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

Name of Employer Brand Compound Occupation Advertising

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : VNW3EDMRSV4**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 845 United Nations Plz Apt 82C

City New York State NY Zip Code 10017-3539

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

Name of Employer S2K Partners Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMQ041**

Amount of Each Receipt this Period  
 2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 21 OF 109  
(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)  
**Steven Kantor**

Mailing Address 845 United Nations Plz  
Apt 82C

City State Zip Code  
New York NY 10017-3539

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

Name of Employer Occupation  
S2K Partners Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMW705**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jason Katz**

Mailing Address 27 Applegreen Dr

City State Zip Code  
Old Westbury NY 11568-1202

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

Name of Employer Occupation  
avm software management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : VNW3EDND8T5**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Ivan Kaufman**

Mailing Address 144 Kings Point Rd

City State Zip Code  
Great Neck NY 11024-1143

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

Name of Employer Occupation  
Arbor Commercial Mortgage, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMN4F3**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 22 OF 109  
(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)  
**Lisa Kaufman**

Mailing Address 144 Kings Point Rd

City State Zip Code  
Great Neck NY 11024-1143

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMN7D3**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 76 Wood Ln

City State Zip Code  
Woodsburgh NY 11598-2233

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

Name of Employer Occupation  
M & R Management Co. Real Estate Developer and Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : VNW3EDM88Q0**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 76 Wood Ln

City State Zip Code  
Woodsburgh NY 11598-2233

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

Name of Employer Occupation  
M & R Management Co. Real Estate Developer and Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : VNW3EDM88R8**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 109
	<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)  
**Susan Kerr**

Mailing Address 76 Wood Ln

City Woodsburgh State NY Zip Code 11598-2233

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : VNW3EDM88J1**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 76 Wood Ln

City Woodsburgh State NY Zip Code 11598-2233

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : VNW3EDM88K8**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 93 Alfred Rd E

City Merrick State NY Zip Code 11566-3017

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMN4P6**

Amount of Each Receipt this Period  
250.00

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

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

5650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 109
	<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 J. Killeen**

Mailing Address 1320 Rxr Plz

City State Zip Code  
Uniondale NY 11556-1320

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

Name of Employer Occupation  
Farrell Fritz, P.C. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : VNW3EDNC6S5**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Chris Komisarjevsky**

Mailing Address 1233 Beech St  
Apt 29

City State Zip Code  
Atlantic Beach NY 11509-1630

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

Name of Employer Occupation  
self employed consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : VNW3EDMWK91**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Chris Komisarjevsky**

Mailing Address 1233 Beech St  
Apt 29

City State Zip Code  
Atlantic Beach NY 11509-1630

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

Name of Employer Occupation  
self employed consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNR425**

Amount of Each Receipt this Period  
 500.00

**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 25 OF 109
	<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)  
**Arthur Jerry Kremer**

Mailing Address 1111 Park Ave  
Apt 10B

City State Zip Code  
New York NY 10128-1234

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

Name of Employer Occupation  
Ruskin Moscou Faltischek PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNS1G8**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 77 S Park Ave  
Apt A5

City State Zip Code  
Rockville Centre NY 11570-6116

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VNW3EDMKXV4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary D. Lindsay**

Mailing Address 16 Sutton Pl

City State Zip Code  
New York NY 10022-3179

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

Name of Employer Occupation  
Retired Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : VNW3EDND8H4**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 109
	<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)  
**Aly Lizza**

Mailing Address 64 Ships Point Ln

City Oyster Bay State NY Zip Code 11771-1624

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

Name of Employer Carlo Lizza & Sons Paving, Inc. Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : VNW3EDN4638**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Shalom Maidenbaum**

Mailing Address 132 Spruce St

City Cedarhurst State NY Zip Code 11516-1915

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

Name of Employer Maidenbaum & Sternberg LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : VNW3EDMYT58**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. Manning**

Mailing Address 2150 Joshuas Path Ste 300

City Hauppauge State NY Zip Code 11788-4765

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

Name of Employer Brookhaven Science Association Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : VNW3EDMQM10**

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 27 OF 109
	<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 100 Banks Ave  
Apt 1202

City State Zip Code  
Rockville Centre NY 11570-6205

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

Name of Employer Occupation  
retired Psychologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VNW3EDMKAP3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 153 Cedar Rd

City State Zip Code  
Mullica Hill NJ 08062-2501

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

Name of Employer Occupation  
Lydia Security Auditor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : VNW3EDNMJE7**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**James McMullen**

Mailing Address 153 Cedar Rd

City State Zip Code  
Mullica Hill NJ 08062-2501

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

Name of Employer Occupation  
COPS Monitoring President & COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : VNW3EDNMJ30**

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 28 OF 109
	<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 D. Miller**

Mailing Address 8 Carteret Pl

City State Zip Code  
Garden City NY 11530-1542

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

Name of Employer Occupation  
Retired Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : VNW3EDMTYZ3**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Christina Milone**

Mailing Address 100 Quentin Roosevelt Blvd  
Ste 205

City State Zip Code  
Garden City NY 11530-4843

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

Name of Employer Occupation  
Miller & Milone, P.C. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : VNW3EDMZRY3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 421 Berry Hill Rd

City State Zip Code  
Syosset NY 11791-1117

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

Name of Employer Occupation  
Holiday Management Associates, Inc. Executive VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : VNW3EDMQMA1**

Amount of Each Receipt this Period  
1000.00

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 109
	<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 Monti**

Mailing Address 9 Gerhard Rd  
Renaissance Downtowns LLC

City Plainview State NY Zip Code 11803-5500

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

Name of Employer Renaissance Downtowns, LLC Occupation President and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VNW3EDN20A6**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 8325 Jericho Tpke  
Crest Hollow Country Club

City Woodbury State NY Zip Code 11797-1804

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

Name of Employer Crest Hollow Country Club Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : VNW3EDMFGG6**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Alejandro Moreno**

Mailing Address 730 5th Ave  
Access Industries

City New York State NY Zip Code 10019-4148

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

Name of Employer Access Industries Occupation Senior Vice President, General Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : VNW3EDMFXM6**

Amount of Each Receipt this Period  
 1000.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 109
	<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)  
**Margaret Murphy**

Mailing Address 300 E Overlook  
Apt 554

City State Zip Code  
Port Washington NY 11050-4740

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : VNW3EDMKXY8**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Moira Murtagh**

Mailing Address 28 Shamrock Ct

City State Zip Code  
Syosset NY 11791-2417

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : VNW3EDMN4Y9**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nassau Steel LLC**

Mailing Address 700 Hicksville Rd

City State Zip Code  
Bethpage NY 11714-3471

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : VNW3EDMF117**

Amount of Each Receipt this Period  
2700.00

PARTNERSHIP--partners below if itemized

**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 31 OF 109
	<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)  
**Glenn Lostritto**

Mailing Address 700 Hicksville Rd  
Steel Equities

City Bethpage State NY Zip Code 11714-3471

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

Name of Employer Steel Equities Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : VNW3EDMF141**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Sheila Natbony**

Mailing Address 6 Saddle Ridge Rd

City Old Westbury State NY Zip Code 11568-1150

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

Name of Employer Queens Long Island Medical Group Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015

**Transaction ID : VNW3EDKP416**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheila Natbony**

Mailing Address 6 Saddle Ridge Rd

City Old Westbury State NY Zip Code 11568-1150

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

Name of Employer Queens Long Island Medical Group Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VNW3EDN1VR4**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 109
	<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)  
**Sheila Natbony**

Mailing Address 6 Saddle Ridge Rd

City State Zip Code  
Old Westbury NY 11568-1150

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

Name of Employer Occupation  
Queens Long Island Medical Group Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : VNW3EDNMRQ1**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Schneider Design Consultants**

Mailing Address PO Box 234584

City State Zip Code  
Great Neck NY 11023-4584

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : VNW3EDMKY45**

Amount of Each Receipt this Period  
250.00

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Charles Schneider**

Mailing Address 24 Yale Dr

City State Zip Code  
Manhasset NY 11030-4048

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

Name of Employer Occupation  
Patricia Schneider Designs General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : VNW3EDMKY53**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

**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 33 OF 109
	<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)  
**Cynthia A. Peterson**

Mailing Address 81 Dryden Rd

City State Zip Code  
Bernardsville NJ 07924-1106

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : VNW3EDNQ325**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Irving H. Picard**

Mailing Address 1 Christie Pl  
Apt 401E

City State Zip Code  
Scarsdale NY 10583-8308

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

Name of Employer Occupation  
Baker & Hostetler LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : VNW3EDMZJ29**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Marvin Pickholz**

Mailing Address 333 Las Olas Way  
1540 Broadway

City State Zip Code  
Fort Lauderdale FL 33301-2363

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

Name of Employer Occupation  
Duane Morris LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : VNW3EDMZX70**

Amount of Each Receipt this Period  
500.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 34 OF 109  
(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)  
**A. Robert Pietrzak**

Mailing Address 301 W 37th St  
Apt 31A

City State Zip Code  
New York NY 10018-4211

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

Name of Employer Occupation  
Sidley Austin LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : VNW3EDMS657**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph J. Plumeri**

Mailing Address 995 5th Ave  
Fl 15

City State Zip Code  
New York NY 10028-0169

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

Name of Employer Occupation  
First Data Corporation Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : VNW3EDN0AS1**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph J. Plumeri**

Mailing Address 995 5th Ave  
Fl 15

City State Zip Code  
New York NY 10028-0169

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

Name of Employer Occupation  
First Data Corporation Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : VNW3EDN0AT9**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 109
	<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)  
**Frances Reid**

Mailing Address 10 Wensley Dr

City State Zip Code  
Great Neck NY 11021-4925

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2015

**Transaction ID : VNW3EDKK5B2**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Diana Riklis**

Mailing Address 1020 Park Ave  
Apt 19

City State Zip Code  
New York NY 10028-0913

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

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : VNW3EDNKT30**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Diana Riklis**

Mailing Address 1020 Park Ave  
Apt 19

City State Zip Code  
New York NY 10028-0913

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

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : VNW3EDNQ375**

Amount of Each Receipt this Period  
2700.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 109
	<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)  
**Ira D. Riklis**

Mailing Address 1020 Park Ave  
Apt 19

City State Zip Code  
New York NY 10028-0913

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

Name of Employer Occupation  
Sutherland Capital Mgmt. Inc. Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : VNW3EDNKT22**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Ira D. Riklis**

Mailing Address 1020 Park Ave  
Apt 19

City State Zip Code  
New York NY 10028-0913

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

Name of Employer Occupation  
Sutherland Capital Mgmt. Inc. Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : VNW3EDNQ3A9**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 1233 Beech St

City State Zip Code  
Atlantic Beach NY 11509-1629

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : VNW3EDK9T36**

Amount of Each Receipt this Period  
2600.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 109
	<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)  
**Russell Rosenthal**

Mailing Address 1233 Beech St  
Apt 16

City Atlantic Beach State NY Zip Code 11509-1629

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

Name of Employer Self-Employed Occupation Commodities Trader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : VNW3EDK9T02**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 181 E 65th St  
25A

City New York State NY Zip Code 10065-6642

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : VNW3EDMQSM0**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard M. Schaps**

Mailing Address 181 E 65th St  
Apt 32A

City New York State NY Zip Code 10065-6642

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

Name of Employer Van Wagner Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : VNW3EDMQSK2**

Amount of Each Receipt this Period  
 2700.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 109
	<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)  
**Stanley Schuckman**

Mailing Address 8 Dorchester Dr

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : VNW3EDKHP57**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8 Dorchester Dr

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : VNW3EDMGAC1**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Schuckman**

Mailing Address 8 Dorchester Dr

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : VNW3EDNMS36**

Amount of Each Receipt this Period  
1200.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 109
	<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) <b>A. Kathleen Shanley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 100 Banks Ave Apt 1202		<b>Transaction ID : VNW3EDMKE09</b>	
City Rockville Centre	State NY	Zip Code 11570-6205	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer retired	Occupation Social Worker		
Receipt For: 2016 <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>B. Shari Silver</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015	
Mailing Address 53 Murdock Rd		<b>Transaction ID : VNW3EDMRM9</b>	
City Lynbrook	State NY	Zip Code 11563-4219	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Mom		
Receipt For: 2016 <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>C. Raine Silverstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2015	
Mailing Address 20 Blue Sea Ln		<b>Transaction ID : VNW3EDMGAB3</b>	
City Great Neck	State NY	Zip Code 11024-1504	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 109
	<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)  
**Joseph J. Sitt**

Mailing Address 449 Avenue T

City State Zip Code  
Brooklyn NY 11223-4002

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

Name of Employer Occupation  
Thor Equities, LLC President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNS1K1**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Sheldon Solow**

Mailing Address 9 W 57th St  
Solow Realty & Management

City State Zip Code  
New York NY 10019-2701

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

Name of Employer Occupation  
Solow Realty & Development Company LLC Owner/Developer/Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : VNW3EDMWH07**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 33 Windsor Dr

City State Zip Code  
Jericho NY 11753-1327

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

Name of Employer Occupation  
SterlingRisk Chairman, CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMPM29**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 109	
	<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**

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

Mailing Address 403 Barnard Ave  
Maidenbaum & Sternberg

City Woodmere State NY Zip Code 11598-2812

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

Name of Employer Maidenbaum & Sternberg, LLP Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : VNW3EDKKCH5**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 403 Barnard Ave  
Maidenbaum & Sternberg

City Woodmere State NY Zip Code 11598-2812

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

Name of Employer Maidenbaum & Sternberg, LLP Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : VNW3EDMYRY4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Thacher**

Mailing Address 330 W 42nd St  
FI 9

City New York State NY Zip Code 10036-6902

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

Name of Employer Thacher & Associates Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : VNW3EDNMSX9**

Amount of Each Receipt this Period  
250.00

**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 42 OF 109
	<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)  
**Louis C Tharp**

Mailing Address 515 N Midland Ave

City State Zip Code  
Nyack NY 10960-1205

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

Name of Employer Occupation  
TGI Healthwork Healthcare

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : VNW3EDMCMQ9**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen Till**

Mailing Address 100 Quentin Roosevelt Blvd  
Ste 205

City State Zip Code  
Garden City NY 11530-4843

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

Name of Employer Occupation  
Miller & Milone, P.C. Chief Financial Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : VNW3EDMZS25**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Erin Torre**

Mailing Address 17 Westview Dr

City State Zip Code  
Lloyd Harbor NY 11743-1628

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : VNW3EDMFGF8**

Amount of Each Receipt this Period  
2700.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 109
	<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)  
**Gregory Tusar**

Mailing Address 81 Dryden Rd

City State Zip Code  
Bernardsville NJ 07924-1106

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

Name of Employer Occupation  
KCG Global Head of Client Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : VNW3EDNJZQ2**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Candy Udell**

Mailing Address 10 Lattingtown Woods Ct

City State Zip Code  
Locust Valley NY 11560-1318

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

Name of Employer Occupation  
London Jewelers Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : VNW3EDMYAV9**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Wasserman**

Mailing Address 100 Quentin Roosevelt Blvd

City State Zip Code  
Garden City NY 11530-4874

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

Name of Employer Occupation  
BAW Holding Corp. CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : VNW3EDMDD58**

Amount of Each Receipt this Period  
500.00

**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 44 OF 109
	<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 Rd

City State Zip Code  
Port Washington NY 11050-1410

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

Name of Employer Occupation  
Rapid Steel Supply Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : VNW3EDMZKB1**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Rachel Weisman**

Mailing Address 861 Dickens St  
Woodmere

City State Zip Code  
Woodmere NY 11598-2422

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

Name of Employer Occupation  
Weisman Law Group Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : VNW3EDMGA39**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Alicia Weissmeier**

Mailing Address 100 Quentin Roosevelt Blvd  
Ste 205

City State Zip Code  
Garden City NY 11530-4843

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

Name of Employer Occupation  
Miller & Milone, P.C. Chief Operating Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : VNW3EDMZS32**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Andrew Wild**

Mailing Address 400 E 56th St  
Apt 37-H

City State Zip Code  
New York NY 10022-4147

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

Name of Employer Occupation  
Garfunkel Wild, P.C. Chairman/Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : VNW3EDM6EB3**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Wright**

Mailing Address 33 Rope Ln

City State Zip Code  
Levittown NY 11756-4919

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

Name of Employer Occupation  
Protiviti, Inc. CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2015

**Transaction ID : VNW3EDKCY55**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 33 Rope Ln

City State Zip Code  
Levittown NY 11756-4919

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

Name of Employer Occupation  
Protiviti, Inc. CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2015

**Transaction ID : VNW3EDKDAT5**

Amount of Each Receipt this Period  
2300.00

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

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

7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 109
	<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 Dr

City State Zip Code  
New Rochelle NY 10804-4617

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

Name of Employer Occupation  
Flemming Zulack Williamson Zauderer LL Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : VNW3EDN46P8**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 101 W 55th St  
101 West 55th Street

City State Zip Code  
New York NY 10019-5351

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

Name of Employer Occupation  
Donald Zucker Company Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : VNW3EDMBPD5**

Amount of Each Receipt this Period  
2700.00

**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 Y Y

Amount of Each Receipt this Period

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

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

2950.00

178000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 109
	<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 20036-2204

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF4G4**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Akerman LLP PAC Account**

Mailing Address 495 N Keller Rd Ste 300

City Maitland State FL Zip Code 32751-8656

FEC ID number of contributing federal political committee. **C** C00280008

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : VNW3EDN1WC2**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC**

Mailing Address 777 6th St NW Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF3X4**

Amount of Each Receipt this Period  
 1000.00

**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 48 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address 101 3rd St N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2015

**Transaction ID : VNW3EDKDAR9**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 800 Tenth Street, NW  
Two CityCenter, Ste. 400

City Washington State DC Zip Code 20001-4956

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNQ7Z2**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Society of Anesthesiologists Political Action Committee**

Mailing Address 520 N Northwest Hwy

City Park Ridge State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : VNW3EDNF3B4**

Amount of Each Receipt this Period  
 2500.00

**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: PAGE 49 OF 109  
(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)  
**AmeriPAC: The Fund for a Greater America**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VNW3EDNF499**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 S Akard St  
Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VNW3EDNF3Z0**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1111 Stewart Ave

City Bethpage State NY Zip Code 11714-3581

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNQ7B4**

Amount of Each Receipt this Period  
2000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 109
	<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)  
**Comcast Corporation & NBCUniversal Political Action Committee**

Mailing Address 1701 John F Kennedy Blvd  
FI 49

City Philadelphia State PA Zip Code 19103-2855

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNQ833**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Credit Union National Association**

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 600

City Washington State DC Zip Code 20004-2620

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VNW3EDNF473**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Democrats Win Seats (DWS PAC)**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883-3142

FEC ID number of contributing federal political committee. **C** C00425470

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNVQ37**

Amount of Each Receipt this Period  
1000.00

**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 51 OF 109
	<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. Diageo PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Main Ave  
 P.O. Box 778  
 City Norwalk State CT Zip Code 06851-1127  
 FEC ID number of contributing federal political committee. **C C00034470**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2015  
**Transaction ID : VNW3EDNPHD2**  
 Amount of Each Receipt this Period  
 550.31  
 \* In-Kind: Event Catering & Space

**B. General Electric PAC (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW  
 Ste 900  
 City Washington State DC Zip Code 20004-2407  
 FEC ID number of contributing federal political committee. **C C00024869**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : VNW3EDNVTN5**  
 Amount of Each Receipt this Period  
 1000.00

**C. Honeywell International PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave NW  
 Suite 500 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C C00096156**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : VNW3EDKY0X1**  
 Amount of Each Receipt this Period  
 2000.00  
 2014 General Debt Retirement

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

3550.31

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

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

FOR LINE NUMBER: PAGE 52 OF 109  
(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)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave NW  
Suite 500 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : VNW3EDM4TD8**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 12 / 2015**

**Transaction ID : VNW3EDK5E48**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2015**

**Transaction ID : VNW3EDN0AR3**

Amount of Each Receipt this Period  
**2500.00**

**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 53 OF 109	
	<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. League of Conservation Voters Action Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 1920 L St NW  
Ste 800  
City Washington State DC Zip Code 20036-5045

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VNW3EDNFEP3**

Amount of Each Receipt this Period  
1000.00

**B. Long Beach Democratic Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 305 W Park Ave  
City Long Beach State NY Zip Code 11561-3223

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : VNW3EDN1WA6**

Amount of Each Receipt this Period  
500.00

**C. MacAndrews & Forbes Holdings Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 35 E 62nd St  
City New York State NY Zip Code 10065-8014

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : VNW3EDNF457**

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 54 OF 109	
	<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)  
**Morgan Stanley PAC**

Mailing Address 1585 Broadway  
FI 39

City State Zip Code  
New York NY 10036-8200

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : VNW3EDMJ53**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Real Estate Investment Trusts**

Mailing Address 1875 I St NW  
Ste 600

City State Zip Code  
Washington DC 20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : VNW3EDNF500**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611-4087

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2015**

**Transaction ID : VNW3EDN1WB4**

Amount of Each Receipt this Period  
**1000.00**

**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 55 OF 109	
	<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)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4087

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNQ8A9**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association Political Action Committee**

Mailing Address 1101 King St Ste 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF465**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**National Committee to Preserve Social Security and Medicare Federal Political Action Committee**

Mailing Address 10 G St NE Ste 600

City Washington State DC Zip Code 20002-4215

FEC ID number of contributing federal political committee. **C** C00172296

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF431**

Amount of Each Receipt this Period  
 1000.00

**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 56 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

**A. National Electrical Contractors Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Bethesda Metro Ctr  
 Ste 1100  
 City State Zip Code  
 Bethesda MD 20814-6302  
 FEC ID number of contributing federal political committee. **C C00113811**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Debt General 2014  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : VNW3EDKFKG1**  
 Amount of Each Receipt this Period  
 2500.00  
 2014 General Debt Retirement

**B. New Democratic Coalition PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW  
 Ste 600  
 City State Zip Code  
 Washington DC 20005-5998  
 FEC ID number of contributing federal political committee. **C C00409730**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : VNW3EDMBPC7**  
 Amount of Each Receipt this Period  
 5000.00

**C. New Democratic Coalition PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW  
 Ste 600  
 City State Zip Code  
 Washington DC 20005-5998  
 FEC ID number of contributing federal political committee. **C C00409730**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : VNW3EDNF3Y2**  
 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 57 OF 109
	<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 PAC**

Mailing Address 51 Madison Ave  
Rm 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNQ7W8**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance PAC**

Mailing Address 51 Madison Ave  
Rm 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : VNW3EDNQ7Y4**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Off The Sidelines PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : VNW3EDKKHD6**

Amount of Each Receipt this Period  
5000.00

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

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

15000.00

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

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

FOR LINE NUMBER: PAGE 58 OF 109  
(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)  
**Off The Sidelines PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C C00525600**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : VNW3EDMWA92**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 1301 K St NW  
Ste 800W

City Washington State DC Zip Code 20005-3333

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : VNW3EDNMSA9**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Public Service Enterprise Group Inc. PAC**

Mailing Address 80 Park Plz

City Newark State NJ Zip Code 07102-4109

FEC ID number of contributing federal political committee. **C C00383489**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : VNW3EDNQ867**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6250.00**

**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 109
	<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)  
**SEIU COPE**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1218

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : VNW3EDMW55**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**The Home Depot Inc. PAC**

Mailing Address 1155 F St NW Ste 400

City Washington State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : VNW3EDNS1R1**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Theatrical Teamsters Local 817 PAC Fund**

Mailing Address 127 Cutter Mill Road

City Great Neck State NY Zip Code 11021

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : VNW3EDN46D7**

Amount of Each Receipt this Period  
 250.00

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

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

6250.00

# 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 60 OF 109	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**UPSPAC**

Mailing Address 55 Glenlake Pkwy

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : VNW3EDNF4B4**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

91050.31

**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 109
	<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)  
**310 Old Country Road, LLC**

Mailing Address 350 Old Country Road

City Mineola State NY Zip Code 11501-4123

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

**Transaction ID : VNW3EDKV1B8**

Amount of Each Receipt this Period  
 4105.00

Refund HQ Security Deposit

**B.** Full Name (Last, First, Middle Initial)  
**SKD Knickerbocker**

Mailing Address 594 Broadway Rm 805

City New York State NY Zip Code 10012-3257

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : VNW3EDNW1Y2**

Amount of Each Receipt this Period  
 8417.57

Media Buy Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

12522.57

12522.57

**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 62 OF 109			
	<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) <b>A. A Thyme and Place</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 2500 Dewitt Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV469RA5B2</b>
City Alexandria	State VA	
Zip Code 22301-1104	Purpose of Disbursement Event Catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. A Thyme and Place</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 2500 Dewitt Ave		Amount of Each Disbursement this Period 719.00 <b>Transaction ID : VNV469REZH8</b>
City Alexandria	State VA	
Zip Code 22301-1104	Purpose of Disbursement Event Catering and Room Rental	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. A to Z Party Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 165 Price Pkw		Amount of Each Disbursement this Period 630.41 <b>Transaction ID : VNV469R8MZ7</b>
City Farmingdale	State NY	
Zip Code 11735-1323	Purpose of Disbursement Event Rentals	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1849.41
<b>TOTAL</b> 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 63 OF 109			
	<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) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 158.00
City Washington State DC Zip Code 20002-4214	Purpose of Disbursement Train Ticket Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469R8MP6</b>

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 209.00
City Washington State DC Zip Code 20002-4214	Purpose of Disbursement Travel Expense Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469RA539</b>

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 178.00
City Washington State DC Zip Code 20002-4214	Purpose of Disbursement Travel Expense Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469RA5J8</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	545.00
<b>TOTAL</b> 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 64 OF 109			
	<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) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 52.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Train Ticket	<b>Transaction ID : VNV469RAR21</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 307.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Train Ticket	<b>Transaction ID : VNV469RDG61</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 238.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Train Ticket	<b>Transaction ID : VNV469REY19</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	597.00
<b>TOTAL</b> 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 65 OF 109			
	<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) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 422.00
City Washington State DC Zip Code 20002-4214	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNV469REZ37
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 238.00
City Washington State DC Zip Code 20002-4214	Purpose of Disbursement Travel Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNV469REZ61
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BJ's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 711 Stewart Ave		Amount of Each Disbursement this Period 370.90
City Garden City State NY Zip Code 11530-4757	Purpose of Disbursement Food and Beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNV469R8N47
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1030.90
<b>TOTAL</b> 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 66 OF 109			
	<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) <b>A. BJ's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 711 Stewart Ave		Amount of Each Disbursement this Period 172.65
City Garden City	State NY	
Zip Code 11530-4757	Purpose of Disbursement Food and Beverage	<b>Transaction ID : VNV469R8N54</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Calogero's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2015
Mailing Address 919 Franklin Ave		Amount of Each Disbursement this Period 4400.00
City Garden City	State NY	
Zip Code 11530-2909	Purpose of Disbursement Event Catering and Room Rental	<b>Transaction ID : VNV469REXW9</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carefirst Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 840 1st St NE Union Center Plaza		Amount of Each Disbursement this Period 365.78
City Washington	State DC	
Zip Code 20065-0003	Purpose of Disbursement Healthcare Premium	<b>Transaction ID : VNV469RAR47</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4938.43
<b>TOTAL</b> 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 67 OF 109	
	<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) <b>A. Carefirst Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 840 1st St NE Union Center Plaza		Amount of Each Disbursement this Period 365.78
City Washington State DC Zip Code 20065-0003	Purpose of Disbursement Healthcare Premium Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469RDG53</b>

Full Name (Last, First, Middle Initial) <b>B. Carefirst Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 840 1st St NE Union Center Plaza		Amount of Each Disbursement this Period 365.78
City Washington State DC Zip Code 20065-0003	Purpose of Disbursement Healthcare Premium Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469REYG7</b>

Full Name (Last, First, Middle Initial) <b>c. City Cellar</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 1080 Corporate Dr		Amount of Each Disbursement this Period 500.00
City Westbury State NY Zip Code 11590-6624	Purpose of Disbursement Food and Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469R8MR2</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1231.56
<b>TOTAL</b> 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 68 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial) <b>A. City Cellar</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 1080 Corporate Dr		Amount of Each Disbursement this Period 2220.32
City Westbury	State NY	
Zip Code 11590-6624	Purpose of Disbursement Room Rental and Event Catering	<b>Transaction ID : VNV469RAA73</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Congressional Liquor</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 404 1st St SE		Amount of Each Disbursement this Period 257.39
City Washington	State DC	
Zip Code 20003-1826	Purpose of Disbursement Event Catering	<b>Transaction ID : VNV469REYQ2</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 197.10
City Atlanta	State GA	
Zip Code 30320-0980	Purpose of Disbursement Airline Tickets	<b>Transaction ID : VNV469REY34</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2674.81
<b>TOTAL</b> 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 69 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial) <b>A. Diageo PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 801 Main Ave P.O. Box 778		Amount of Each Disbursement this Period 550.31
City Norwalk State CT Zip Code 06851-1127	Purpose of Disbursement Event Catering & Space	
Candidate Name Diageo PAC	Category/Type	Transaction ID : VNW3EDNPHD2I
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Don Pollard Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 223 Villard Ave		Amount of Each Disbursement this Period 1550.00
City Hastings On Hudson State NY Zip Code 10706-1216	Purpose of Disbursement Photography for Event	
Candidate Name	Category/Type 007	Transaction ID : VNV469R8MY9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Don Pollard Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 223 Villard Ave		Amount of Each Disbursement this Period 500.00
City Hastings On Hudson State NY Zip Code 10706-1216	Purpose of Disbursement Photography for Event	
Candidate Name	Category/Type 007	Transaction ID : VNV469RA5F4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.31
<b>TOTAL</b> 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 70 OF 109	
	<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. **Electronic Federal Tax Payment System**

Mailing Address PO Box 173788

City Denver State CO Zip Code 80217-3788

Purpose of Disbursement  
Amanda Walsh Debt Employment Taxes

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  
03 / 31 / 2015

Amount of Each Disbursement this Period  
1466.75

Transaction ID : VNV469RGVP3

Category/Type  
001

Full Name (Last, First, Middle Initial)  
B. **Electronic Federal Tax Payment System**

Mailing Address PO Box 173788

City Denver State CO Zip Code 80217-3788

Purpose of Disbursement  
Employment Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 31 / 2015

Amount of Each Disbursement this Period  
1560.78

Transaction ID : VNV469RGVR9

Category/Type  
001

Full Name (Last, First, Middle Initial)  
C. **Electronic Federal Tax Payment System**

Mailing Address PO Box 173788

City Denver State CO Zip Code 80217-3788

Purpose of Disbursement  
Employment Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 31 / 2015

Amount of Each Disbursement this Period  
841.50

Transaction ID : VNV469RGVT5

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 3869.03

**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 71 OF 109			
	<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) <b>A. Iacic Management</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 365 Stewart Ave Apt B5		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : VNV469RDWS6</b>
City Garden City	State NY Zip Code 11530-4508	
Purpose of Disbursement Office Rent	Category/Type 001	
Candidate Name		
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>B. Ed Laborde</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 505 Liberty St		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : VNV469RA5N1</b>
City Uniondale	State NY Zip Code 11553-2315	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liberty Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 119 Braintree St Ste 602		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV469RDFT7</b>
City Allston	State MA Zip Code 02134-1681	
Purpose of Disbursement Website Maintenance	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8900.00
<b>TOTAL</b> 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 72 OF 109	
	<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) <b>A. Mash Business Systems Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 1 Enterprise Pl		Amount of Each Disbursement this Period 81.47
City Hicksville	State NY	
Zip Code 11801-5347	Purpose of Disbursement Fax/Copier/Printer - Paid for by NYSDP	Transaction ID : VNV469RPX36
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mash Business Systems Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 1 Enterprise Pl		Amount of Each Disbursement this Period 81.47
City Hicksville	State NY	
Zip Code 11801-5347	Purpose of Disbursement Office Equipment Rental - Paid for by NYSDP	Transaction ID : VNV469RPX44
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mash Business Systems Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 1 Enterprise Pl		Amount of Each Disbursement this Period 463.01
City Hicksville	State NY	
Zip Code 11801-5347	Purpose of Disbursement Fax/Copier/Printer - Paid for by NYSDP	Transaction ID : VNV469RPX60
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)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 73 OF 109	
	<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) <b>A. Mash Business Systems Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 1 Enterprise Pl		Amount of Each Disbursement this Period 2015 128.81
City Hicksville	State NY	
Zip Code 11801-5347	Purpose of Disbursement Office Equipment Rental - Paid for by NYSDP	Transaction ID : VNV469RPX78
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maria Mastromatteo</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2015
Mailing Address 38 Euston Rd		Amount of Each Disbursement this Period 2015 2097.89
City Garden City	State NY	
Zip Code 11530-4129	Purpose of Disbursement Office Utilities	Transaction ID : VNV469REXX7
Candidate Name	Category/Type 001	
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>c. National Grid</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2015
Mailing Address PO Box 11791		Amount of Each Disbursement this Period 2015 840.88
City Newark	State NJ	
Zip Code 07101-4791	Purpose of Disbursement Headquarters Utilities	Transaction ID : VNV469REXY5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2097.89
<b>TOTAL</b> 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 74 OF 109	
	<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) <b>A. PSEG Long Island</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2015
Mailing Address PO Box 9039		Amount of Each Disbursement this Period 1257.01
City Hicksville	State NY	
Zip Code 11802-9039	Purpose of Disbursement Headquarters Utilities	Transaction ID : VNV469REXZ3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Margaret May</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00
City Mineola	State NY	
Zip Code 11501-1519	Purpose of Disbursement Financial Consulting	Transaction ID : VNV469R8MM0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Margaret May</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00
City Mineola	State NY	
Zip Code 11501-1519	Purpose of Disbursement Financial Consulting	Transaction ID : VNV469RDG46
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> 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 75 OF 109	
	<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) <b>A. Margaret May</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RDWD1</b>
City Mineola State NY Zip Code 11501-1519	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Margaret May</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RDWF7</b>
City Mineola State NY Zip Code 11501-1519	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Michael Gerard Norman, CPA PC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 410 Jericho Tpke Ste 303		Amount of Each Disbursement this Period 7150.00 <b>Transaction ID : VNV469RPX29</b>
City Jericho State NY Zip Code 11753-1318	Purpose of Disbursement Accounting Fees - Paid for by NYSDP 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:	<b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> 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 76 OF 109	
	<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) <b>A. National Democratic Club</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 566.60 <b>Transaction ID : VNV469RBYM5</b>
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Event Catering Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. National Security Brokerage</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 3254 Railroad Ave		Amount of Each Disbursement this Period 999.77 <b>Transaction ID : VNV469RBYF5</b>
City Wantagh State NY Zip Code 11793-3709	Purpose of Disbursement Workers' Compensation Premium Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. New Partners Teleservices</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2015
Mailing Address 250 Eye St NW Suite 200		Amount of Each Disbursement this Period 821.30 <b>Transaction ID : VNV469RDWM7</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Phone Program Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2387.67
<b>TOTAL</b> 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 77 OF 109	
	<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) <b>A. New York State Department of Taxation and Finance</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO Box 4111 Processing Unit		Amount of Each Disbursement this Period 257.47 <b>Transaction ID : VNV469RG2K7</b>
City Binghamton State NY Zip Code 13902-4111	Purpose of Disbursement Employment Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. New York State Department of Taxation and Finance</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO Box 4111 Processing Unit		Amount of Each Disbursement this Period 301.03 <b>Transaction ID : VNV469RGSX3</b>
City Binghamton State NY Zip Code 13902-4111	Purpose of Disbursement Amanda Walsh Debt Employment Taxes 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>c. Next Level Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VNV469RBYR7</b>
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1308.50
<b>TOTAL</b> 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 78 OF 109			
	<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) <b>A. Next Level Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : VNV469RC9S7</b>
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VNV469R8K41</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Software Candidate Name Category/Type 003	
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>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : VNV469RA4X2</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Software Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2925.00
<b>TOTAL</b> 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 79 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 154.00
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Fees	<b>Transaction ID : VNV469RA5E6</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 369.20
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : VNV469R8MS0</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 296.20
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fees	<b>Transaction ID : VNV469R8MT8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	819.40
<b>TOTAL</b> 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 80 OF 109			
	<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) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1066.23 <b>Transaction ID : VNV469RA5C0</b>
City Rochester State NY Zip Code 14625-2396	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1232.40 <b>Transaction ID : VNV469RA5D8</b>
City Rochester State NY Zip Code 14625-2396	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 357.20 <b>Transaction ID : VNV469RBYJ9</b>
City Rochester State NY Zip Code 14625-2396	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2655.83
<b>TOTAL</b> 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 81 OF 109			
	<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) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>911 Panorama Trl S</b>		Amount of Each Disbursement this Period <b>104.00</b>
City <b>Rochester</b> State <b>NY</b> Zip Code <b>14625-2396</b>	Purpose of Disbursement <b>Payroll Processing Fees</b>	
Candidate Name	Category/Type	<b>Transaction ID : VNV469RBYK7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2015</b>
Mailing Address <b>911 Panorama Trl S</b>		Amount of Each Disbursement this Period <b>289.71</b>
City <b>Rochester</b> State <b>NY</b> Zip Code <b>14625-2396</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VNV469RC9A9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2015</b>
Mailing Address <b>911 Panorama Trl S</b>		Amount of Each Disbursement this Period <b>104.00</b>
City <b>Rochester</b> State <b>NY</b> Zip Code <b>14625-2396</b>	Purpose of Disbursement <b>Photographer</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VNV469RC9D2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>497.71</b>
<b>TOTAL</b> 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 82 OF 109			
	<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) <b>A. Eric Phillips</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 190 Bleecker St Apt 26		Amount of Each Disbursement this Period 3796.00
City New York	State NY	
Zip Code 10012-1414		<b>Transaction ID : VNV469RDWT4</b>
Purpose of Disbursement Reimbursement-Meals, transportation, office supplies,		
Candidate Name		Category/Type 001
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 491.00
City Washington	State DC	
Zip Code 20002-4214		<b>Transaction ID : VNV469RFYZ4</b>
Purpose of Disbursement Travel Expense		
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 630 Old Country Rd		Amount of Each Disbursement this Period 79.34
City Garden City	State NY	
Zip Code 11530-3468		<b>Transaction ID : VNV469RFZ10</b>
Purpose of Disbursement Food and Beverage		
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3796.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 109			
	<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) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address PO Box 20980		Amount of Each Disbursement this Period 1765.80
City Atlanta	State GA	
Zip Code 30320-0980	Purpose of Disbursement Travel Expense	Transaction ID : VNV469RFZ28
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limosine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 40 Rector St		Amount of Each Disbursement this Period 216.96
City New York	State NY	
Zip Code 10006-1745	Purpose of Disbursement Taxi Service	Transaction ID : VNV469RFZ77
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 600 14th St NW		Amount of Each Disbursement this Period 766.70
City Washington	State DC	
Zip Code 20005-2011	Purpose of Disbursement Food and Beverage	Transaction ID : VNV469RFZ52
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 84 OF 109			
	<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) <b>A. Eric Phillips</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 190 Bleecker St Apt 26		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : VNV469REY68</b>
City New York	State NY	
Zip Code 10012-1414	Purpose of Disbursement Consultant - Media	Category/ Type 001
Candidate Name	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pret A Manger</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2015
Mailing Address 1432 K St NW		Amount of Each Disbursement this Period 247.50 <b>Transaction ID : VNV469R8KD2</b>
City Washington	State DC	
Zip Code 20005-2551	Purpose of Disbursement Food and Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Nell Reilly</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 1401 S St NW Apt 621		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : VNV469RDGD7</b>
City Washington	State DC	
Zip Code 20009-5988	Purpose of Disbursement Reimbursement-Travel Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15672.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 109			
	<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) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 425.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Train Ticket	Transaction ID : VNV469RDGF2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 942.60
City Mc Lean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Credit Card Processing fees	Transaction ID : VNV469RFWK6
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 683.21
City Mc Lean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Credit Card Processing fees	Transaction ID : VNV469RFWN2
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1625.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 109			
	<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) <b>A. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 225.61 <b>Transaction ID : VNV469RDFP5</b>
City Mc Lean State VA Zip Code 22102-4304	Purpose of Disbursement Credit Card Processing fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandler Reiff Lamb Rosenstein &amp; Birkenstock, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RC9F8</b>
City Washington State DC Zip Code 20005-6302	Purpose of Disbursement Legal Fees 001 Category/Type	
Candidate Name	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>C. Sandler Reiff Lamb Rosenstein &amp; Birkenstock, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1025 Vermont Ave NW Ste 300		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : VNV469RFYS7</b>
City Washington State DC Zip Code 20005-6302	Purpose of Disbursement Legal Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3455.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 109	
	<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) <b>A. Sheraton Society Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 1 Dock St		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : VNV469RA5K5</b>
City Philadelphia	State PA Zip Code 19106-3939	
Purpose of Disbursement Lodging	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton Society Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 1 Dock St		Amount of Each Disbursement this Period 114.76 <b>Transaction ID : VNV469RAR13</b>
City Philadelphia	State PA Zip Code 19106-3939	
Purpose of Disbursement Lodging	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SKD Knickerbocker</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 594 Broadway Rm 805		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469RPX94</b>
City New York	State NY Zip Code 10012-3257	
Purpose of Disbursement Media Consultant - Paid for by NYSDP	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1264.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 109	
	<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) <b>A. SKD Knickerbocker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 594 Broadway Rm 805		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469RDFY8</b>
City New York State NY Zip Code 10012-3257	Purpose of Disbursement Media Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SKD Knickerbocker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 594 Broadway Rm 805		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469RDG38</b>
City New York State NY Zip Code 10012-3257	Purpose of Disbursement Media Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. SKD Knickerbocker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 594 Broadway Rm 805		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469REZ87</b>
City New York State NY Zip Code 10012-3257	Purpose of Disbursement Media Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 109	
	<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) <b>A. SKD Knickerbocker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 594 Broadway Rm 805		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469REZ95</b>
City New York	State NY Zip Code 10012-3257	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Storage Quarters Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 999 Stewart Ave		Amount of Each Disbursement this Period 139.00 <b>Transaction ID : VNV469RAR55</b>
City Garden City	State NY Zip Code 11530-4929	
Purpose of Disbursement Storage Unit Rental	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Storage Quarters Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 999 Stewart Ave		Amount of Each Disbursement this Period 139.00 <b>Transaction ID : VNV469RDFQ3</b>
City Garden City	State NY Zip Code 11530-4929	
Purpose of Disbursement Storage Unit Rental	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12278.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 109			
	<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) <b>A. The Conrad Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469R8MN8</b>

Full Name (Last, First, Middle Initial) <b>B. The Conrad Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469RDG87</b>

Full Name (Last, First, Middle Initial) <b>c. The Conrad Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469RDGB1</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 109			
	<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) <b>A. The Conrad Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469REYB8</b>

Full Name (Last, First, Middle Initial) <b>B. The County of Nassau</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 262 Old Country Rd		Amount of Each Disbursement this Period 8174.32
City Mineola State NY Zip Code 11501-4277	Purpose of Disbursement Travel Expense Reimbursement Candidate Name Category/Type 001	
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:	<b>Transaction ID : VNV469REZJ6</b>

Full Name (Last, First, Middle Initial) <b>c. The New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address O P # 371456		Amount of Each Disbursement this Period 35.00
City Pittsburgh State PA Zip Code 15250-0001	Purpose of Disbursement Subscription Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VNV469R8K90</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11209.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 109	
	<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) <b>A. The New York Times</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address O P # 371456		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNV469RAR63</b>
City Pittsburgh	State PA	
Zip Code 15250-0001	Purpose of Disbursement Subscription	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The New York Times</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address O P # 371456		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNV469RDFW2</b>
City Pittsburgh	State PA	
Zip Code 15250-0001	Purpose of Disbursement Subscription	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The New York Times</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address O P # 371456		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNV469REZF2</b>
City Pittsburgh	State PA	
Zip Code 15250-0001	Purpose of Disbursement Subscription	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 109			
	<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) <b>A. Theo Hengstenberg's Son Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 735 Franklin Ave		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VNV469RA521</b>
City Garden City State NY Zip Code 11530-4524	Purpose of Disbursement Flowers Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tri Star Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address PO Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 2426.83 <b>Transaction ID : VNV469RA513</b>
City Wantagh State NY Zip Code 11793-0613	Purpose of Disbursement Printing Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Tri Star Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 353.03 <b>Transaction ID : VNV469RA5G2</b>
City Wantagh State NY Zip Code 11793-0613	Purpose of Disbursement Printing Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3079.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 109	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tri Star Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address PO Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 892.37
City Wantagh	State NY	
Zip Code 11793-0613	Purpose of Disbursement Postage	<b>Transaction ID : VNV469RBYQ9</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tri Star Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address PO Box 7013 11 Red Maple Drive North		Amount of Each Disbursement this Period 3754.64
City Wantagh	State NY	
Zip Code 11793-0613	Purpose of Disbursement Printing	<b>Transaction ID : VNV469RDWJ1</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 30 Broad St		Amount of Each Disbursement this Period 12000.00
City New York	State NY	
Zip Code 10004-2909	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : VNV469RBYE8</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16647.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 109	
	<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) <b>A. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 30 Broad St		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469RDG95</b>
City New York	State NY	
Zip Code 10004-2909	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 30 Broad St		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNV469RDWN4</b>
City New York	State NY	
Zip Code 10004-2909	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 30 Broad St		Amount of Each Disbursement this Period 962.68 <b>Transaction ID : VNV469REYA0</b>
City New York	State NY	
Zip Code 10004-2909	Purpose of Disbursement Reimbursement - Travel Expense, Food & Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24962.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 109	
	<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) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 597.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel Expense	Transaction ID : VNV469RFZE3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limosine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 40 Rector St		Amount of Each Disbursement this Period 170.10
City New York	State NY	
Zip Code 10006-1745	Purpose of Disbursement Taxi Service	Transaction ID : VNV469RFZG9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 30 Broad St		Amount of Each Disbursement this Period 15000.00
City New York	State NY	
Zip Code 10004-2909	Purpose of Disbursement Consultant - Fundraising	Transaction ID : VNV469REZ11
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 109	
	<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) <b>A. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>30 Broad St</b>		Amount of Each Disbursement this Period <b>2467.99</b> <b>Transaction ID : VNV469REZB0</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2909</b>	Purpose of Disbursement <b>Reimbursement - Food &amp; Beverage</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>630 Old Country Rd</b>		Amount of Each Disbursement this Period <b>2467.99</b> <b>Transaction ID : VNV469REZC8</b>
City <b>Garden City</b> State <b>NY</b> Zip Code <b>11530-3468</b>	Purpose of Disbursement <b>Event Catering and Room Rental</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Tucker Green Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>30 Broad St</b>		Amount of Each Disbursement this Period <b>12000.00</b> <b>Transaction ID : VNV469REZD6</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2909</b>	Purpose of Disbursement <b>Fundraising Consultant</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14467.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Kathleen Rice for Congress**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 55 Glenlake Pkwy		Amount of Each Disbursement this Period 29.16
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Category/Type 001	<b>Transaction ID : VNV469RA547</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 55 Glenlake Pkwy		Amount of Each Disbursement this Period 29.16
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Category/Type 001	<b>Transaction ID : VNV469RAR71</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 55 Glenlake Pkwy		Amount of Each Disbursement this Period 28.61
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Category/Type 001	<b>Transaction ID : VNV469RDWR8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 109			
	<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) <b>A. UPS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 55 Glenlake Pkwy		Amount of Each Disbursement this Period 56.40
City Atlanta	State GA	
Zip Code 30328-3474	Purpose of Disbursement Shipping	<b>Transaction ID : VNV469REYF9</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amanda Walsh</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 42 Hilton Ave		Amount of Each Disbursement this Period 3232.22
City Garden City	State NY	
Zip Code 11530-4428	Purpose of Disbursement Payroll	<b>Transaction ID : VNV469RG2G3</b>
Candidate Name	Category/ Type 001	
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>c. Brittany Wise</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 330 E 39th St		Amount of Each Disbursement this Period 3000.00
City New York	State NY	
Zip Code 10016-2187	Purpose of Disbursement Salary	<b>Transaction ID : VNV469R8MX1</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6288.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 109	
	<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) <b>A. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 330 E 39th St		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RA5P9</b>
City New York	State NY	
Zip Code 10016-2187	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 330 E 39th St		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RBYH1</b>
City New York	State NY	
Zip Code 10016-2187	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 330 E 39th St		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV469RC991</b>
City New York	State NY	
Zip Code 10016-2187	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 109	
	<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) <b>A. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>330 E 39th St</b>		Amount of Each Disbursement this Period <b>1959.43</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10016-2187</b>	Purpose of Disbursement <b>Net Payroll</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VNV469RDGA3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 27 / 2015</b>
Mailing Address <b>330 E 39th St</b>		Amount of Each Disbursement this Period <b>409.61</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10016-2187</b>	Purpose of Disbursement <b>Reimbursement-Travel Expense</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VNV469REYY8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 27 / 2015</b>
Mailing Address <b>50 Massachusetts Ave NE</b>		Amount of Each Disbursement this Period <b>334.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20002-4214</b>	Purpose of Disbursement <b>Train Ticket</b>	
Candidate Name	Category/Type	<b>Transaction ID : VNV469RFYW1</b> <b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2369.04</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 109	
	<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) <b>A. Brittany Wise</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>330 E 39th St</b>		Amount of Each Disbursement this Period <b>2218.42</b> <b>Transaction ID : VNV469RG2F5</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10016-2187</b>	Purpose of Disbursement Net Payroll Candidate Name <b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		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: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2218.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>241456.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 109	
	<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) <b>A. Nadine Hoffmann</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 100 Bank St Apt 3D		Amount of Each Disbursement this Period 450.00
City New York	State NY Zip Code 10014-2138	
Purpose of Disbursement Contribution Refund	Category/Type 010	<b>Transaction ID : VNV469RC983</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	450.00

**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 104 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. Carpenters' Legislative Improvement Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>101 Constitution Ave NW 10TH FLOOR WEST</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001-2133</b>	Purpose of Disbursement <b>Refund of Excess Contribution</b> Category/Type <b>003</b>	
Candidate Name <b>Carpenters' Legislative Improvement Committee</b>		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: _____	Transaction ID : <b>VNV469RH0P3</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		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 Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		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 Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Iacic Management</b>		Nature of Debt (Purpose): Field Office Rent
Mailing Address 365 Stewart Ave Apt B5		
City State	Zip Code	
Garden City	NY 11530-4508	

Outstanding Balance Beginning This Period	<b>Transaction ID : VNS5P9H6PR5</b>	
<input type="text" value="1400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ed Laborde</b>		Nature of Debt (Purpose): Salary-bonus
Mailing Address 505 Liberty St		
City State	Zip Code	
Uniondale	NY 11553-2315	

Outstanding Balance Beginning This Period	<b>Transaction ID : VNS5P9H6WH4</b>	
<input type="text" value="7000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="7000.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mash Business Systems Corporation</b>		Nature of Debt (Purpose): Office Equipment Rental
Mailing Address 1 Enterprise Pl		
City State	Zip Code	
Hicksville	NY 11801-5347	

Outstanding Balance Beginning This Period	<b>Transaction ID : VNS5P9H6YJ6</b>	
<input type="text" value="128.81"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="128.81"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mash Business Systems Corporation**

Mailing Address 1 Enterprise Pl

City State Zip Code  
Hicksville NY 11801-5347

Nature of Debt (Purpose):  
Fax/Copier/Printer

Outstanding Balance Beginning This Period **81.47** Transaction ID : **VNS5P9H6YK4**

Amount Incurred This Period **0.00** Payment This Period **81.47** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mash Business Systems Corporation**

Mailing Address 1 Enterprise Pl

City State Zip Code  
Hicksville NY 11801-5347

Nature of Debt (Purpose):  
Fax/Copier/Printer

Outstanding Balance Beginning This Period **463.01** Transaction ID : **VNS5P9H6YG0**

Amount Incurred This Period **0.00** Payment This Period **463.01** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mash Business Systems Corporation**

Mailing Address 1 Enterprise Pl

City State Zip Code  
Hicksville NY 11801-5347

Nature of Debt (Purpose):  
Office Equipment Rental

Outstanding Balance Beginning This Period **81.47** Transaction ID : **VNS5P9H6YH8**

Amount Incurred This Period **0.00** Payment This Period **81.47** Outstanding Balance at Close of This Period **0.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

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

Nature of Debt (Purpose):  
Reimbursement - Field Office Utilities

Mailing Address 38 Euston Rd

City State Zip Code  
Garden City NY 11530-4129

Outstanding Balance Beginning This Period

2097.89

Transaction ID : VNS5P9H6PV8

Amount Incurred This Period

0.00

Payment This Period

2097.89

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Gerard Norman, CPA PC**

Nature of Debt (Purpose):  
Accounting Fees

Mailing Address 410 Jericho Tpke  
Ste 303

City State Zip Code  
Jericho NY 11753-1318

Outstanding Balance Beginning This Period

7150.00

Transaction ID : VNS5P9H6YF2

Amount Incurred This Period

0.00

Payment This Period

7150.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
Media Consulting - Bonus

Mailing Address 190 Bleecker St  
Apt 26

City State Zip Code  
New York NY 10012-1414

Outstanding Balance Beginning This Period

15000.00

Transaction ID : VNS5P9H6QF6

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

0.00

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

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 108 OF 109
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sandler Reiff Lamb Rosenstein &amp; Birkenstock, P.C.</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 1025 Vermont Ave NW Ste 300	
City State Zip Code Washington DC 20005-6302	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : VNS5P9H6PH9</b>	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SKD Knickerbocker</b>	Nature of Debt (Purpose): Media Consulting
Mailing Address 594 Broadway Rm 805	
City State Zip Code New York NY 10012-3257	

Outstanding Balance Beginning This Period 12000.00	<b>Transaction ID : VNS5P9H6WN4</b>	
Amount Incurred This Period 0.00	Payment This Period 12000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The County of Nassau</b>	Nature of Debt (Purpose): Mileage Reimbursement
Mailing Address 262 Old Country Rd	
City State Zip Code Mineola NY 11501-4277	

Outstanding Balance Beginning This Period 8174.32	<b>Transaction ID : VNS5P9H6WG6</b>	
Amount Incurred This Period 0.00	Payment This Period 8174.32	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Kathleen Rice for Congress**

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

Mailing Address 30 Broad St

City State Zip Code  
New York NY 10004-2909

Nature of Debt (Purpose):  
Fundraising Consulting - Bonus

Outstanding Balance Beginning This Period **15000.00** Transaction ID : VNS5P9H6QE9

Amount Incurred This Period **0.00** Payment This Period **15000.00** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address 42 Hilton Ave

City State Zip Code  
Garden City NY 11530-4428

Nature of Debt (Purpose):  
Staff Bonus for 2014 Cycle

Outstanding Balance Beginning This Period **5000.00** Transaction ID : VNS5P9H6WF8

Amount Incurred This Period **0.00** Payment This Period **5000.00** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>0.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	