

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

TOM RICE FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 70098

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29572-0020

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

SC

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

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 Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM 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))....	259675.00	438348.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	259675.00	438348.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37796.19	192446.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	199.03	1869.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37597.16	190576.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	498250.29	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	159450.00	265700.00
(ii) Unitemized.....	4725.00	10648.90
(iii) TOTAL of contributions from individuals ▶	164175.00	276348.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	95500.00	162000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	259675.00	438348.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	199.03	1869.91
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	259874.03	440218.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 111

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37796.19	192446.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	24000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	24000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	59150.00	170000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	96946.19	386446.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	335322.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	259874.03
25. SUBTOTAL (add Line 23 and Line 24).....	595196.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	96946.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	498250.29

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

Form/Schedule: F3N

Transaction ID :

Only earmarked contributions exceeding the cycle to date aggregate of 200 are itemized.

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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. David C Stradinger

Mailing Address **P O BOX 70070**

City **Myrtle Beach** State **SC** Zip Code **29572-0020**

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

Name of Employer **Dock Street Communities** Occupation **Developer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : A3CB3A7B7EC0C4A76A3D

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth DeHart

Mailing Address **4615 Oleander Dr**

City **Myrtle Beach** State **SC** Zip Code **29577-5741**

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

Name of Employer **Carolina Health Specialists** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : A86E704D21D50457390A

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. James Rice

Mailing Address **PO Box 6769**

City **Myrtle Beach** State **SC** Zip Code **29572-0001**

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

Name of Employer **Rice Construction & Development** Occupation **Mini storage operator**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : A12F1634613344157BAB

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ebbie W. Phillips

Mailing Address 418 Wildwood Dunes Trail

City	State	Zip Code
Myrtle Beach	SC	29572-4754

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

Name of Employer	Occupation
Tyson Sign Co.	CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : A2452FA3669914BA0A60

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
R. Trippett Boineau Jr.

Mailing Address 381 Oak Moss Ct

City	State	Zip Code
Murrells Inlet	SC	29576-6056

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

Name of Employer	Occupation
Guild Mortgage	Mortgage Loan Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : AEB383DA5B5F3488A961

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Eugene Harriott Jr.

Mailing Address 11006 Freewoods Rd

City	State	Zip Code
Myrtle Beach	SC	29588-5261

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

Name of Employer	Occupation
Self Employed	Barber

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A53C81CE5E41D459E977

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Robert Steven Bass

Mailing Address 2411 North Oak Street, #201

City	State	Zip Code
Myrtle Beach	SC	29577-3165

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

Name of Employer	Occupation
Retired	Radiation Oncologist

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
 08 / 26 / 2015

Transaction ID : A8B613C5A4AE840CD894

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Dr. Hal B Holmes

Mailing Address 600 Lakeside Dr

City	State	Zip Code
Conway	SC	29526-4324

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

Name of Employer	Occupation
Retired	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
 09 / 25 / 2015

Transaction ID : A1940F5BCFB2B43F0826

Amount of Each Receipt this Period
2500.00

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

Mailing Address 380 Westwind Ct

City	State	Zip Code
Vero Beach	FL	32963-9511

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : AA8102ACE70E048BAA3C

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 111
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Marcus Smith Jr.

Mailing Address 5616 Country Club Dr

City State Zip Code
Myrtle Beach SC 29577-2210

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

Name of Employer Occupation
Wilson Kibler Realtor

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
 08 / 10 / 2015

Transaction ID : A95503A0D00344A4188E

Amount of Each Receipt this Period
1000.00

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

Mailing Address 802 Mast Ct

City State Zip Code
Murrells Inlet SC 29576-8727

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : AEE389705D4E441AA821

Amount of Each Receipt this Period
500.00

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

Mailing Address 176 Laurelhurst Ave

City State Zip Code
Columbia SC 29210-3824

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

Name of Employer Occupation
SC Healthcare Association President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A2E0D16957DDB4B6992E

Amount of Each Receipt this Period
1000.00

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 10 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Henry W. Boyd

Mailing Address 2795 Highway 66

City Loris State SC Zip Code 29569-6620

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A74CAD44CC99D4CF48CC

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Wanda L. Howard

Mailing Address 1890 Arundel Drive

City Myrtle Beach State SC Zip Code 29577-5907

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

Name of Employer Benjamins Calabash Seafood 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
 08 / 27 / 2015

Transaction ID : AB7EA34DD37494A1BAF0

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
George R. Mims

Mailing Address 406 Wildwood Dunes Trl

City Myrtle Beach State SC Zip Code 29572-4754

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

Name of Employer Grubb & Ellis Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : AB6A7A5CF9E454DD6A6B

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Verlon Wulf

Mailing Address 1294 Surfside Industrial Park

City Myrtle Beach	State SC	Zip Code 29575-5235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Cooling & Plumbing	Occupation Owner
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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
 08 / 25 / 2015

Transaction ID : AEA01D571B93340E29DF

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1001 Plum Ln

City Anderson	State SC	Zip Code 29621-3568
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A5BC9CD61FFEE4E65834

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5705 Porcher Dr

City Myrtle Beach	State SC	Zip Code 29577-2320
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

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
 09 / 23 / 2015

Transaction ID : A442537CAFB374873AA9

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J Bobby Anderson

Mailing Address 2600 N Ocean Blvd

City State Zip Code
Myrtle Beach SC 29577-3239

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

Name of Employer Occupation
Self Employed Self Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : ACDE23755B0A246648C1

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Franck Clayton

Mailing Address 24432 Half Pone Point

City State Zip Code
Hollywood MD 20636-2953

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

Name of Employer Occupation
Morgan Lewis Lawyer

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
 08 / 31 / 2015

Transaction ID : A9C073EFD76944417816

Amount of Each Receipt this Period
2500.00

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

Mailing Address 44 Green Hill Rd

City State Zip Code
Brookline MA 02445-5933

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

Name of Employer Occupation
Harvard Business School Professor

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
 09 / 23 / 2015

Transaction ID : A89732B7E555447D0ABE

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 111
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jason Grice		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2015
Mailing Address 1932 Heritage Loop		Transaction ID : A7CFBEDACF40444D1B82
City Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lenox Roofing Solutions	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Glenn Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2015
Mailing Address 4004 Gray Heron Dr.		Transaction ID : A333DE221AA3C49BBAEF
City North Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer National Finance Company	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Rickie G. Lemay		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2015
Mailing Address 4703 N Ocean Blvd.		Transaction ID : A48B4425CCDB648AEBD6
City Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Self	Occupation Accountant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 1937 Heritage Loop

City Myrtle Beach State SC Zip Code 29577-1586

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

Name of Employer Yahnis Companies Occupation Beverage Distribution

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : A1B3ADE13B3C8409B903

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Van D. Hipp Jr

Mailing Address 809 N Quaker Ln

City Alexandria State VA Zip Code 22302-3416

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

Name of Employer American Defense International 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
 09 / 23 / 2015

Transaction ID : A36B59BF44C39486DBC7

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 7522

City Myrtle Beach State SC Zip Code 29572-0013

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

Name of Employer Beckham Management, Inc. Occupation Management Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : A8695579C834E4B01BDE

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Jarrett

Mailing Address 9403 Kings Rd

City Myrtle Beach State SC Zip Code 29572-4735

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

Name of Employer Self Employed Occupation Surgeon

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
 09 / 11 / 2015

Transaction ID : AAC4E82CFF58946758D4

Amount of Each Receipt this Period
500.00

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

Mailing Address 4220 Highway 1008

City Little River State SC Zip Code 29566-7630

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

Name of Employer G 3 Engineering Occupation Engineer

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
 09 / 17 / 2015

Transaction ID : A1EC3FD3A40E94749B81

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Thaddeus E. Strom

Mailing Address 4919 Sedgwick Street NW

City Washington State DC Zip Code 20016-2326

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

Name of Employer Parry, Romani, DeConcini & Symms Occupation Vice President for Congressional Relat

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
 07 / 29 / 2015

Transaction ID : A216ED1DEF3A9445DA4D

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 16 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Denise Apple

Mailing Address 9406 Lake Drive

City Myrtle Beach State SC Zip Code 29572-5006

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

Name of Employer Homemaker 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
 09 / 23 / 2015

Transaction ID : A91A1F0FA8D3C4127BC9

Amount of Each Receipt this Period
 2300.00

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

Mailing Address 1000 2nd Ave S, #310

City North Myrtle Beach State SC Zip Code 29582-8105

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

Name of Employer Oceana Resorts Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A8A362226704040F9BAD

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Shelley A. Chapman

Mailing Address 403 45th Ave N

City Myrtle Beach State SC Zip Code 29577-2729

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

Name of Employer Island Vista Occupation Resort Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A0D7D08E287E94C70BDE

Amount of Each Receipt this Period
 1000.00

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

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

3550.00

**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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jackie Woodbury

Mailing Address **PO Box 6**

City **Green Sea** State **SC** Zip Code **29545-0006**

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

Name of Employer **Horton Homes** Occupation **President**

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
09 / 23 / 2015

Transaction ID : AA7C55C9BD8B444FEB2F

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Grand Strand Dental Society

Mailing Address **210 Village Center Blvd, #130**

City **Myrtle Beach** State **SC** Zip Code **29579-6706**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : A823EFC51030E42ECA05

Amount of Each Receipt this Period
500.00

No Partner Itemization Required

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

Mailing Address **4 Nelson Ct**

City **Myrtle Beach** State **SC** Zip Code **29572-4408**

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

Name of Employer **Harbour Properties Realty** Occupation **Realtor**

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
08 / 27 / 2015

Transaction ID : A1BB87E345A36437589C

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: PAGE 18 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donna P Zeglin

Mailing Address 801 Green Bay Trl

City State Zip Code
Myrtle Beach SC 29577-2629

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

Name of Employer Occupation
Salon Vip Cosmetologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 23 2015

Transaction ID : ABAAF59CE430046C4B4A

Amount of Each Receipt this Period
250.00

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

Mailing Address 104 Ashton Cir

City State Zip Code
Myrtle Beach SC 29588-6719

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

Name of Employer Occupation
Prudential Real Estate Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 14 2015

Transaction ID : ADD79BF311F754042BE0

Amount of Each Receipt this Period
500.00

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

Mailing Address 6085 Peach Tree Rd

City State Zip Code
Myrtle Beach SC 29588-9319

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

Name of Employer Occupation
Self Employed Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 23 2015

Transaction ID : AB4F8198FD58D4A1EA02

Amount of Each Receipt this Period
2300.00

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

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

3050.00

**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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jackie L Stokes

Mailing Address PO Box 1933

City State Zip Code
Conway SC 29528-1933

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

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
 09 / 23 / 2015

Transaction ID : A8F56698C6A514098B10

Amount of Each Receipt this Period
500.00

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

Mailing Address 6507 N Ocean Blvd

City State Zip Code
Myrtle Beach SC 29572-3307

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

Name of Employer Occupation
Baush Linneman CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : ABB815D1EAA6D4FA7973

Amount of Each Receipt this Period
500.00

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

Mailing Address 3501 N Kings Hwy

City State Zip Code
Myrtle Beach SC 29577-2970

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

Name of Employer Occupation
Leonard, Call & Associates, In Real Estate Agent

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
 09 / 21 / 2015

Transaction ID : AF7C2981EFADC48358D0

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 20 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steve Miller

Mailing Address 1096 Assembly Drive Ste 316

City State Zip Code
Fort Mill SC 29708-6501

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

Name of Employer Occupation
Direct Marketing President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A7FF86C5F184F425784E

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Don J Smith

Mailing Address 135 N Gate Rd

City State Zip Code
Myrtle Beach SC 29572-5618

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

Name of Employer Occupation
Chicora Development Realtor

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
 09 / 23 / 2015

Transaction ID : AFAB17B51326A472B817

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ronald H. Floyd

Mailing Address 2243 W Dogwood Rd

City State Zip Code
Green Sea SC 29545-5139

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A9D7F53B7B05748A3853

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 111
	<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)
TOM RICE FOR CONGRESS

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

Mailing Address 5008 Big Bear Ct

City Myrtle Beach State SC Zip Code 29579-5183

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

Name of Employer Coggin Security 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
 09 / 24 / 2015

Transaction ID : A6628D28B2227423596C

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank K. Sloan Jr.

Mailing Address 112 Twinoak Ct

City Myrtle Beach State SC Zip Code 29572-4431

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

Name of Employer Coastal Eye Group Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A022E7EA6D6104552A73

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Dr. Loring L. Ross

Mailing Address 212 81st Ave N

City Myrtle Beach State SC Zip Code 29572-4340

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

Name of Employer Ross & Munn Orthodontics Occupation Orthodontist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A7567DAE798F94BB2A2E

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: PAGE 22 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth E Krzyzaniak

Mailing Address 3701 Waterford Dr

City State Zip Code
Myrtle Beach SC 29577-5846

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

Name of Employer Occupation
Atlantic Urology Physician

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
 08 / 26 / 2015

Transaction ID : AFA34D06192674F759AB

Amount of Each Receipt this Period
250.00

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

Mailing Address 5630 Woodside Ave

City State Zip Code
Myrtle Beach SC 29577-2246

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

Name of Employer Occupation
Capital Investment Co. Stockbroker

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
 08 / 31 / 2015

Transaction ID : A66B2BB053B814887A36

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
W Scott Brandon

Mailing Address 3023 Church St

City State Zip Code
Myrtle Beach SC 29577-5820

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

Name of Employer Occupation
The Brandon Agency Owner

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
 09 / 30 / 2015

Transaction ID : A8B580209C6D54658999

Amount of Each Receipt this Period
2500.00

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 23 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nigel S Horonzy

Mailing Address 7421 N Kings Highway

City Myrtle Beach State SC Zip Code 29572-3033

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

Name of Employer Prudential Burroughs & Chapin Occupation Realtor

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
 09 / 14 / 2015

Transaction ID : A8D9A727F083243E5A1A

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Tami Springs Brooks

Mailing Address 100 Club Drive

City Myrtle Beach State SC Zip Code 29572-4703

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

Name of Employer Homemaker Occupation Homemaker

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
 08 / 26 / 2015

Transaction ID : A4AC4F3C0AB4F4ACB840

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Dr. Ed Shelley

Mailing Address 3305 Highway 90

City Conway State SC Zip Code 29526-9614

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

Name of Employer Self Occupation Radiologist

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
 08 / 27 / 2015

Transaction ID : A56843A94FFDB47D6861

Amount of Each Receipt this Period
2700.00

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 24 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James W. Apple Jr.

Mailing Address 8800 Marina Parkway

City Myrtle Beach State SC Zip Code 29572-8101

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

Name of Employer Burroughs & Chapin Company 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
 09 / 23 / 2015

Transaction ID : ADB44734522A742E5B8A

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 5712 Quail Hollow Ln

City Myrtle Beach State SC Zip Code 29577-2232

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

Name of Employer Homemaker 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
 09 / 14 / 2015

Transaction ID : AD357D34EBE2C4704B7A

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. John T. Molnar

Mailing Address 23 South Gate Road

City Myrtle Beach State SC Zip Code 29572-5622

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

Name of Employer Carolina Health Specialists Occupation Physican

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A98A9F81F0BF848ED868

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 25 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tyron McCray

Mailing Address 805 Castlebridge Dr

City	State	Zip Code
Murrells Inlet	SC	29576-7536

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A8971BBAF43704791A3B

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Clay Brittain III

Mailing Address 5614 Pinckney Ave

City	State	Zip Code
Myrtle Beach	SC	29577-2226

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

Name of Employer	Occupation
Thompson, Henry, And Gwinn Law	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
 08 / 18 / 2015

Transaction ID : A6D598AE050754BE1868

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Floy A Polen

Mailing Address 804 Antigua Dr

City	State	Zip Code
Myrtle Beach	SC	29572-4110

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : A6C17B51A167F4B9685A

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 111			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lloyd W. Coppedge

Mailing Address 315 Oceanview Dr

City	State	Zip Code
Myrtle Beach	SC	29572-5648

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

Name of Employer	Occupation
Wolverine Brass	CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2015

Transaction ID : A55AB6D90D0D8423BAC6

Amount of Each Receipt this Period

1000.00

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

Mailing Address 333 Bennett St

City	State	Zip Code
Mount Pleasant	SC	29464-5349

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

Name of Employer	Occupation
Self Employed	Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2015

Transaction ID : A91A035DE9E3B46EDACC

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John Bratton Fennell

Mailing Address 205 82nd Avenue North

City	State	Zip Code
Myrtle Beach	SC	29572-4343

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

Name of Employer	Occupation
Burroughs & Chapin Company	CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : AFB717EEB599940A2A54

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deborah D. Hicks

Mailing Address 41 Chapin Cir

City Myrtle Beach State SC Zip Code 29572-4406

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

Name of Employer Self Employed 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
 09 / 21 / 2015

Transaction ID : A809571AE4A524FB485A

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas C Brittain

Mailing Address 4614 Oleander Dr

City Myrtle Beach State SC Zip Code 29577-5736

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

Name of Employer Brittain Law Firm 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
 08 / 10 / 2015

Transaction ID : A35D20986C8A44C2FB3D

Amount of Each Receipt this Period
 500.00

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

Mailing Address P O Box 1175

City Myrtle Beach State SC Zip Code 29578-1175

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

Name of Employer Grand Strand Healthcare, Inc. Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : AA9660C8A1E264668A29

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 28 OF 111			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Collins Wakefield

Mailing Address 5912 Haskell Cir

City	State	Zip Code
Myrtle Beach	SC	29577-2351

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

Name of Employer	Occupation
Ivory Holdings LLC	CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2015

Transaction ID : AFB9623ED49BD48B4AC7

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
W. Tim Johnson Jr.

Mailing Address 105 Park Ave

City	State	Zip Code
Conway	SC	29526-3630

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2015

Transaction ID : AF723F71D5618401DB4E

Amount of Each Receipt this Period

250.00

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

Mailing Address 12 Cateswood Dr

City	State	Zip Code
Spartanburg	SC	29302-3463

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

Name of Employer	Occupation
White Oak Manor	President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2015

Transaction ID : A3E9E44F98B4A41BFB50

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elaine D Gore

Mailing Address 6150 Pauley Swamp Rd

City Conway	State SC	Zip Code 29527-7152
----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A9A815FED7D87496F86B

Amount of Each Receipt this Period
250.00

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

Mailing Address 823 82nd Parkway

City Myrtle Beach	State SC	Zip Code 29572-4607
----------------------	-------------	------------------------

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

Name of Employer Atlantic Urology	Occupation Urologist
--------------------------------------	-------------------------

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
 08 / 27 / 2015

Transaction ID : A018E9BD1DFD3447BA7E

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian C Harsha

Mailing Address 6 Bryan Place

City Myrtle Beach	State SC	Zip Code 29572-4402
----------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Oral Surgeon
-----------------------------------	----------------------------

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
 08 / 25 / 2015

Transaction ID : A8E3AB831E664451385F

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
	<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)
TOM RICE FOR CONGRESS

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

Mailing Address 1229 Franklin Street NE

City Washington State DC Zip Code 20017-2422

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

Name of Employer HBW Resources 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
 09 / 30 / 2015

Transaction ID : AC9B92A8671E1407293B

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Clyde A. Selleck III

Mailing Address 501 Chamblee Blvd

City Greenville State SC Zip Code 29615-6740

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

Name of Employer Michelin North America 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
 07 / 29 / 2015

Transaction ID : AA967CD35E93C470DAA9

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dan P. Gray

Mailing Address 5410 Hampton Cir

City Myrtle Beach State SC Zip Code 29577-2306

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : AEED3528DDE684A2A8D8

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert L. Castles Jr.

Mailing Address 7539 Veneto Ct

City State Zip Code
Myrtle Beach SC 29572-8015

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

Name of Employer Occupation
Castles & Associates Civil Engineer

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
 09 / 23 / 2015

Transaction ID : A501F9237578249448EA

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. Pat Howle

Mailing Address 4220 Siwel Rd

City State Zip Code
Conway SC 29526-6418

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

Name of Employer Occupation
Horry County Cooperative 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
 08 / 31 / 2015

Transaction ID : A82600DC983F34130B54

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4600 N Kings Hwy

City State Zip Code
Myrtle Beach SC 29577-2769

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : AC23F148F14104FFFB55

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 111
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jill Jemison		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 9001 Kings Rd		Transaction ID : A2D1BC23AE2D84294B2F	
City Myrtle Beach	State SC	Zip Code 29572-4727	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Homemaker	Occupation Homemaker		
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. Dennis Wade		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2015	
Mailing Address 2184 Brewster Drive, Unit 816		Transaction ID : A902BD4ACC7ED4094A83	
City Myrtle Beach	State SC	Zip Code 29577-1752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer The Jackson Companies	Occupation President & CEO		
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) C. Paula M. Calhoun		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2015	
Mailing Address 601 Hillside Drive N, #2021		Transaction ID : ABFEB3809399C4D1C89F	
City North Myrtle Beach	State SC	Zip Code 29582-8914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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

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

FOR LINE NUMBER: PAGE 33 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard E Mancill III

Mailing Address 3707 Sunnyside Ave

City State Zip Code
Murrells Inlet SC 29576-6045

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mancill Electric Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A07E27B7330D64B3B81D

Amount of Each Receipt this Period

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

Mailing Address 7858 Old Reaves Ferry Rd

City State Zip Code
Conway SC 29526-7239

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A250148EBB0CB4A0CB70

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Bobby E. Jordan

Mailing Address 525 Zion Rd

City State Zip Code
Galivants Ferry SC 29544-7837

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A449CC6700E2B4EA6BD0

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 34 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ted Chapman III

Mailing Address PO Box 2384

City State Zip Code
Murrells Inlet SC 29576-2384

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

Name of Employer Occupation
Chapman Construction Contractor/ 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
 09 / 21 / 2015

Transaction ID : A3AFD3E09730B421D98D

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary A. Vukov

Mailing Address 7901 Beach Dr

City State Zip Code
Myrtle Beach SC 29572-4337

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

Name of Employer Occupation
Cardiology Gastroenterology As Physician

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
 09 / 21 / 2015

Transaction ID : A482BAB58838545EAA1F

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Samuel R. Spann Jr.

Mailing Address 538 Fernwood Rd

City State Zip Code
Murrells Inlet SC 29576-7763

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

Name of Employer Occupation
Spann Roofing Contractor

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
 08 / 19 / 2015

Transaction ID : AF0E18D2CD940413EAA3

Amount of Each Receipt this Period
2500.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<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)
TOM RICE FOR CONGRESS

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

Mailing Address 1610 Parkins Mill Rd

City Greenville State SC Zip Code 29607-3644

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

Name of Employer Self Occupation appraiser

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : A9DD90A28642F465D8E3

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Darrell L. Conner

Mailing Address 3105 Wynford Drive

City Fairfax State VA Zip Code 22031-2825

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

Name of Employer K&L Gates Occupation Government Affairs Counselor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : AAC2FC47D76A04C3888C

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Tami Springs Brooks

Mailing Address 100 Club Drive

City Myrtle Beach State SC Zip Code 29572-4703

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

Name of Employer Homemaker 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
 08 / 26 / 2015

Transaction ID : AF8A8D8300E9C4417BE8

Amount of Each Receipt this Period
 2300.00

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 36 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles Bryan Devereux

Mailing Address 412 Patterson Drive

City Myrtle Beach State SC Zip Code 29572-4738

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

Name of Employer Self Employed Occupation Restaurateur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : AD091F1E92DFB453FB3A

Amount of Each Receipt this Period
 250.00

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

Mailing Address 203 Club Dr

City Myrtle Beach State SC Zip Code 29572-4706

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

Name of Employer Site Tech Systems Occupation Software Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A6AA6C979402B47288DB

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Lonnie F. Thompson

Mailing Address 3313 Maple Chase Lane

City Florence State SC Zip Code 29501-8046

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

Name of Employer Sopako Inc 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
 09 / 23 / 2015

Transaction ID : A6EB4DE2472444A24BA5

Amount of Each Receipt this Period
 2500.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 37 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lynda Cottingham

Mailing Address 203 Wildwood Dunes Trail

City State Zip Code
Myrtle Beach SC 29572-4430

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

Name of Employer Occupation
Retired Educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2015

Transaction ID : A1E755BF103A7426D9F7

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Benjy A. Hardee

Mailing Address 55 Park Street Ext

City State Zip Code
Little River SC 29566-7818

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

Name of Employer Occupation
AO Hardee & Sons, Inc. Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2015

Transaction ID : A849426E75A944D40851

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 402 43rd Ave N

City State Zip Code
Myrtle Beach SC 29577-2711

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

Name of Employer Occupation
Webster Rogers Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2015

Transaction ID : A1A1A973B67F744D5875

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: PAGE 38 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shirley Springs

Mailing Address 4600 N Kings Hwy

City State Zip Code
Myrtle Beach SC 29577-2769

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : A3A0B4CC471034DCBA88

Amount of Each Receipt this Period
200.00

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

Mailing Address 4541 Richmond Hill Dr

City State Zip Code
Murrells Inlet SC 29576-6817

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

Name of Employer Occupation
Yahnis Companies Beverage Distribution

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : A2113AB2FF06C4631A86

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. James Feldman

Mailing Address 308 67th Avenue North

City State Zip Code
Myrtle Beach SC 29572-3353

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : ADDCC4FD94EFE4E78BD8

Amount of Each Receipt this Period
500.00

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

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

1700.00

**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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Timothy F. Norwood

Mailing Address 501 Camellia Cir

City Florence State SC Zip Code 29501-5771

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

Name of Employer Adp Occupation Vice President of Sales

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
 09 / 28 / 2015

Transaction ID : A7DA3DD5959824243B16

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Franklin C. Blanton

Mailing Address 6386 Maple Wild Rd

City Nichols State SC Zip Code 29581-4108

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A16A3BDA31AA0453A870

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. William Winston Hoy

Mailing Address PO Box 15879

City Myrtle Beach State SC Zip Code 29587-5879

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : A8C74F6E7BFC84FE4BDB

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 40 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. EdwardNat R. Thomas IV

Mailing Address 308 Club Drive

City	State	Zip Code
Myrtle Beach	SC	29572-4710

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

Name of Employer	Occupation
Thomas Drugs Inc	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
 09 / 10 / 2015

Transaction ID : A9588DE02F86F4A3EBD3

Amount of Each Receipt this Period

500.00

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

Mailing Address 1321 Ashboro Court

City	State	Zip Code
Myrtle Beach	SC	29579-5139

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

Name of Employer	Occupation
Grand Strand Water & Sewer Authority	Executive 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
 09 / 21 / 2015

Transaction ID : AD6129169073B4CD8BD2

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
Jeffrey N Caudle

Mailing Address 4465 3rd St. NW

City	State	Zip Code
Hickory	NC	28601-9008

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

Name of Employer	Occupation
Self	Nurse Anesthetist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : A6AFD318D8B11432BAB6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 41 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 307 Ocean View Dr

City State Zip Code
Myrtle Beach SC 29572-5637

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

Name of Employer Occupation
Self Employed Cpa

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
 09 / 23 / 2015

Transaction ID : A1EABA19E03114E1AAC0

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas F. Rollar

Mailing Address 630 Singleton Ridge Rd

City State Zip Code
Conway SC 29526-9154

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

Name of Employer Occupation
Self Employed Dentist

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
 09 / 16 / 2015

Transaction ID : AE6B545739DFF45CC9C6

Amount of Each Receipt this Period
250.00

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

Mailing Address 6085 Peach Tree Rd

City State Zip Code
Myrtle Beach SC 29588-9319

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

Name of Employer Occupation
Self Employed Construction

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
 09 / 23 / 2015

Transaction ID : AC7A6B0CD9C1B440FB9A

Amount of Each Receipt this Period
2700.00

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: PAGE 42 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paula Wendel

Mailing Address 8704 N Ocean Blvd

City State Zip Code
Myrtle Beach SC 29572-4417

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A32A50D0AC4364366931

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
James O Baldwin III

Mailing Address PO Box 190

City State Zip Code
North Myrtle Beach SC 29597-0190

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

Name of Employer Occupation
Baldwin Construction Company 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
 09 / 23 / 2015

Transaction ID : A5C500656800745AC8C8

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Steve M. Jordan

Mailing Address 3725 Willow Springs Rd

City State Zip Code
Conway SC 29527-6620

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

Name of Employer Occupation
Coastal Distribution Delivery Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A6A8B171A108040C5AA5

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Ellen Thompson

Mailing Address 416 37th Avenue North

City State Zip Code
Myrtle Beach SC 29577-2922

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 27 2015

Transaction ID : A6D0DB418F1FD4CF0857

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Rick F. Elliott

Mailing Address PO Box 3715

City State Zip Code
North Myrtle Beach SC 29582-0715

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

Name of Employer Occupation
Elliott Realty Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 11 2015

Transaction ID : A6A38CAD8094445FF893

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Timothy F. Norwood

Mailing Address 501 Camellia Cir

City State Zip Code
Florence SC 29501-5771

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

Name of Employer Occupation
Adp Vice President of Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 28 2015

Transaction ID : A1E019278271049D8A35

Amount of Each Receipt this Period
2300.00

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

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

3550.00

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

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

FOR LINE NUMBER: PAGE 44 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Earle McDaniel

Mailing Address 2501 Highway 17 S

City North Myrtle Beach State SC Zip Code 29582-4345

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

Name of Employer Self Employed Occupation Veterinarian

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AE6D0C58412FD434CAF6

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Tina F. Yates

Mailing Address 815 Saint Charles Rd

City North Myrtle Beach State SC Zip Code 29582-2845

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

Name of Employer Hoskins 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
 08 / 14 / 2015

Transaction ID : A414B100D398E4895867

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Pat Brittain

Mailing Address 5609 Pinckney Ave

City Myrtle Beach State SC Zip Code 29577-2225

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : A9017DC25B51D46B4AAF

Amount of Each Receipt this Period
 1250.00

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

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

4250.00

**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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tony K. Cox

Mailing Address 817 Saint Charles Rd

City	State	Zip Code
North Myrtle Beach	SC	29582-2845

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

Name of Employer	Occupation
Burroughs & Chapin Realty	Realtor

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
 09 / 23 / 2015

Transaction ID : A3DD9EC87ED914085823

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles Bryan Devereux

Mailing Address 412 Patterson Drive

City	State	Zip Code
Myrtle Beach	SC	29572-4738

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

Name of Employer	Occupation
Self Employed	Restaurateur

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
 09 / 21 / 2015

Transaction ID : A52A6D99A79664DD689F

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. John G. Ramsbottom Jr.

Mailing Address 105 Wildwood Dunes Trail

City	State	Zip Code
Myrtle Beach	SC	29572-4428

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

Name of Employer	Occupation
North Myrtle Beach Family Prac	Family Practice Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : AF66B43047F5B44E0905

Amount of Each Receipt this Period
500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey H Wallen

Mailing Address 1200 48th Avenue North

City State Zip Code
Myrtle Beach SC 29577-5446

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

Name of Employer Occupation
Jeffery H. Wallen, Dds Oral Surgeon

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
 08 / 26 / 2015

Transaction ID : A85BD2F0CAA784499AFE

Amount of Each Receipt this Period
1000.00

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

Mailing Address 702 Norvell Street

City State Zip Code
North Myrtle Beach SC 29582-2622

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

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
 09 / 16 / 2015

Transaction ID : AA251A6071E4F4928A83

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 457

City State Zip Code
Tabor City NC 28463-0457

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

Name of Employer Occupation
Mcgougan Law Firm 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
 09 / 23 / 2015

Transaction ID : A66C18871EB864554ADB

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Joanne W. Herring

Mailing Address 5704 Longleaf Dr

City	State	Zip Code
Myrtle Beach	SC	29577-2218

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : A6DDA515BD852498EA3C

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Harry D McDowell

Mailing Address 1667 Holly Hill Rd

City	State	Zip Code
Loris	SC	29569-6012

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

Name of Employer	Occupation
Self Employed	Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : A9F1955D3030843D5983

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Kenneth L. McKelvey

Mailing Address 500 15th Ave S

City	State	Zip Code
North Myrtle Beach	SC	29582-3914

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

Name of Employer	Occupation
Defender Resort Management	President/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
 09 / 29 / 2015

Transaction ID : AD503F258F6C349FBB5B

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 48 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W. Cary Rowell

Mailing Address P O Box 30790

City Myrtle Beach State SC Zip Code 29588-0014

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

Name of Employer New York Life Occupation Financial Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A9B98D0C1CC7A4695822

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Marie-Claire Brittain

Mailing Address 5633 Woodside Ave

City Myrtle Beach State SC Zip Code 29577-2245

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

Name of Employer Brittain Resorts Occupation Property Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : A0DF275937323480B9FB

Amount of Each Receipt this Period
 1250.00

C. Full Name (Last, First, Middle Initial)
William H. McCreary

Mailing Address 1809 Nighthawk Dr

City Florence State SC Zip Code 29501-8140

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

Name of Employer Sopakco, Inc Occupation VP Of Operation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A20855151B54C4EAD8FF

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: PAGE 49 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roger E. Grigg

Mailing Address 302 Wildwood Dunes Trl

City Myrtle Beach State SC Zip Code 29572-4749

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

Name of Employer Leonard, Grigg & Assoc. 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
 09 / 21 / 2015

Transaction ID : AD52F36E113124F5C968

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Johnny M Shelley

Mailing Address 7150 Highway 917

City Nichols State SC Zip Code 29581-3411

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A93DD09B733AF4D45B3B

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
W. Stovall Witte Jr.

Mailing Address 785 McKinley Way

City Myrtle Beach State SC Zip Code 29577-5180

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

Name of Employer Coastal Carolina University Occupation Foundation 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
 09 / 23 / 2015

Transaction ID : A6B300600476D467B89F

Amount of Each Receipt this Period
 250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharon Clayton

Mailing Address 8008 Cortona Dr

City State Zip Code
Myrtle Beach SC 29572-8002

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : A7888CFC9554D4684A8E

Amount of Each Receipt this Period
2500.00

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

Mailing Address 112 Twinoak Ct

City State Zip Code
Myrtle Beach SC 29572-4431

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

Name of Employer Occupation
Self Employed Homemaker

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
 09 / 14 / 2015

Transaction ID : A2E07CCB610E6407B92E

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Dianne LeMaster

Mailing Address 210 80th Ave N

City State Zip Code
Myrtle Beach SC 29572-4338

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

Name of Employer Occupation
Lewis Truck Lines (Itl), Inc. Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A00D2B6136EA44746952

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lynda Hardee

Mailing Address 1706 Magnolia Dr

City	State	Zip Code
North Myrtle Beach	SC	29582-6130

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A55CA25A36AF44399840

Amount of Each Receipt this Period
2500.00

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

Mailing Address 3955 Long Avenue Ext

City	State	Zip Code
Conway	SC	29526-6432

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A262E7B10E5D546F1BE0

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward S. Eckert Jr.

Mailing Address 133 Towne Centre Parkway

City	State	Zip Code
Myrtle Beach	SC	29579-3493

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

Name of Employer	Occupation
Self	Oral Surgeon

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
 09 / 23 / 2015

Transaction ID : A4CD6CF49349C40F29BA

Amount of Each Receipt this Period
1000.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 52 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 2012 Slippery Rock Cove

City State Zip Code
Clover SC 29710-6307

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

Name of Employer Occupation
Domtar Paper Company LLC VP 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
 07 29 2015

Transaction ID : A6A592FB23BD64D0A953

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Louise K. Lewis

Mailing Address 1023 Waterway Ln

City State Zip Code
Myrtle Beach SC 29572-5736

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 14 2015

Transaction ID : A2F64B0227BAD48B1864

Amount of Each Receipt this Period
2300.00

C. Full Name (Last, First, Middle Initial)
Mr. William Jarae

Mailing Address 377 Rum Gully Circle

City State Zip Code
Murrells Inlet SC 29576-7761

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

Name of Employer Occupation
Brewsters Ice Cream 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
 08 10 2015

Transaction ID : A32F02D33A6694F0DB3D

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: PAGE 53 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert M Wood Jr.

Mailing Address 26 Chapin Cir

City State Zip Code
Myrtle Beach SC 29572-4405

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

Name of Employer Occupation
Alabama Theater 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
 09 / 21 / 2015

Transaction ID : A156994E292154F2C8DF

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Louise K. Lewis

Mailing Address 1023 Waterway Ln

City State Zip Code
Myrtle Beach SC 29572-5736

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : ADA39E22FFAD44045812

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Dr. Ed Shelley

Mailing Address 3305 Highway 90

City State Zip Code
Conway SC 29526-9614

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

Name of Employer Occupation
Self Radiologist

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
 08 / 27 / 2015

Transaction ID : A8C8278AD880C4507AAB

Amount of Each Receipt this Period
2300.00

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 54 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John W Pharr

Mailing Address 217 81st Avenue North

City Myrtle Beach State SC Zip Code 29572-4341

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

Name of Employer Strand Development Occupation Hotel Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : AA1F41545F8AC4410A7F

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5702 Canterbury Ln

City Myrtle Beach State SC Zip Code 29577-2206

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

Name of Employer A & I Occupation Marketing 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
 09 / 23 / 2015

Transaction ID : A26BC3641B0A74B52ADA

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert F. Wilfong Jr.

Mailing Address 3049 Holly Berry Ct

City Myrtle Beach State SC Zip Code 29579-5185

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

Name of Employer Castles Engineering Occupation Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A5AEE19D39EDB468E8D3

Amount of Each Receipt this Period
 1000.00

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: PAGE 55 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chalmers Carr

Mailing Address 5 R W Dubose Rd

City State Zip Code
Ridge Spring SC 29129-9552

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

Name of Employer Occupation
Titan Farms President

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
 08 / 06 / 2015

Transaction ID : AC2EC6286963E4F1081B

Amount of Each Receipt this Period
2500.00

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

Mailing Address 9406 Cove Dr

City State Zip Code
Myrtle Beach SC 29572-5002

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

Name of Employer Occupation
Self Employed Accountant

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
 09 / 14 / 2015

Transaction ID : A46DE2F7EC1FA4E48A78

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael S. Addy

Mailing Address 1850 Arundel Rd

City State Zip Code
Myrtle Beach SC 29577-5907

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

Name of Employer Occupation
Addys Harbor Dodge Auto Sales

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
 08 / 14 / 2015

Transaction ID : A41C2F1F034264333976

Amount of Each Receipt this Period
1000.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carroll D. Padgett Jr.

Mailing Address PO Box 792

City Loris State SC Zip Code 29569-0792

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

Name of Employer Self Employed 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
 09 / 23 / 2015

Transaction ID : ACE1F4ED6B1604035B9C

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Traci A. Miles

Mailing Address 6502 N. Ocean Blvd

City Myrtle Beach State SC Zip Code 29572-3306

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

Name of Employer Century 21 Boling Occupation Realtor

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
 08 / 31 / 2015

Transaction ID : AA498E2D50C5B43FE9FF

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith C. Hinson

Mailing Address 5 Nelson Ct

City Myrtle Beach State SC Zip Code 29572-4408

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

Name of Employer Waccamaw Land & Timber Occupation Real Estate Investor

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
 09 / 08 / 2015

Transaction ID : A7DFFD564E0DC4C8CA80

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 57 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marion E. Freeman Jr.

Mailing Address 518 Mount Gilead Rd

City State Zip Code
Murrells Inlet SC 29576-7713

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

Name of Employer Occupation
Conway National Bank Commercial Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A382A4AF73743421E842

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
JDV Commercial LLC

Mailing Address 203 Waties Drive

City State Zip Code
Murrells Inlet SC 29576-7074

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

Name of Employer Occupation
Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : AD38E16B468AE46018AD

Amount of Each Receipt this Period
1000.00

See Partner Memo Below

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

Mailing Address 203 Waties Dr

City State Zip Code
Murrells Inlet SC 29576-7074

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

Name of Employer Occupation
Self Employed Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : AEEAB11103B354973AAE

Amount of Each Receipt this Period
1000.00

JDV Commercial Partner Memo

[MEMO ITEM]
Partnership: JDV Commercial LLC

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 58 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Avista Rentals

Mailing Address 300 North Ocean Blvd

City North Myrtle Beach State SC Zip Code 29582-2928

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
 09 / 11 / 2015

Transaction ID : A28154DDD3FAA4780BA1

Amount of Each Receipt this Period
 1000.00

See Partner Memo Below

B. Full Name (Last, First, Middle Initial)
Kurush S. Shroff

Mailing Address 1448 Hounds Way

City North Myrtle Beach State SC Zip Code 29582-2517

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

Name of Employer Occupation
 Self Employed Hotelier

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : AE8612FB309414A33889

Amount of Each Receipt this Period
 500.00

Avista Rentals Partner Memo

[MEMO ITEM]
 Partnership: Avista Rentals

C. Full Name (Last, First, Middle Initial)
Casey Kersi Shroff

Mailing Address 300 North Ocean Blvd

City North Myrtle Beach State SC Zip Code 29582-2928

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

Name of Employer Occupation
 Avista Resort 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
 09 / 11 / 2015

Transaction ID : AF8E64864A8F4433A856

Amount of Each Receipt this Period
 500.00

Avista Rentals Partner Memo

[MEMO ITEM]
 Partnership: Avista Rentals

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

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

1000.00

159450.00

**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 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC

Mailing Address 440 1st Street NW, Ste 2

City Washington State DC Zip Code 20001-2028

FEC ID number of contributing federal political committee. **C** C30001333

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
 09 / 25 / 2015

Transaction ID : A8676665B1DE646A3AB3

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Wells Fargo & Co. Employee PAC

Mailing Address Wells Fargo Ctr Mac N9305-084
90 S 7th Street - 8th Floor

City Minneapolis State MN Zip Code 55402-3903

FEC ID number of contributing federal political committee. **C** C00034595

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
 09 / 29 / 2015

Transaction ID : AA525598A04934BCF952

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Ave. NW, Ste. 56

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

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
 09 / 30 / 2015

Transaction ID : AE10C14CDB4F94CA3B93

Amount of Each Receipt this Period
 3000.00

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 60 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

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
 09 / 08 / 2015

Transaction ID : A9A9C058806724223BB7

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Southeastern Lumber Manufacturers Association PAC

Mailing Address 200 Greencastle Road

City State Zip Code
Tyrone GA 30290-2943

FEC ID number of contributing federal political committee. **C** C00128678

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
 07 / 17 / 2015

Transaction ID : AD222AA7ECB914BC6970

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

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
 09 / 29 / 2015

Transaction ID : A8DFBF631B0764867BE5

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 61 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WESTROCK POLITICAL ACTION COMMITTEE

Mailing Address 504 THRASHER STREET

City Norcross State GA Zip Code 30071-1967

FEC ID number of contributing federal political committee. **C** C00117424

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
 08 / 26 / 2015

Transaction ID : A938EC34688F946A6B10

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
American Health Care Association PAC

Mailing Address 1201 L St NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

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
 09 / 23 / 2015

Transaction ID : A2F2DC9B965E84BD78EE

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City Charlotte State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

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
 09 / 30 / 2015

Transaction ID : A9BE3B7B6C73B480092A

Amount of Each Receipt this Period
 2000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Committee for the Advancement of Cotton

Mailing Address PO Box 2995

City State Zip Code
Cordova TN 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : A69EA4421CDD74E98856

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HCA Good Government Fund

Mailing Address One Park Plaza, PO Box 550

City State Zip Code
Nashville TN 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

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
 09 / 09 / 2015

Transaction ID : AAD273005B77D415AAA0

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183-3219

FEC ID number of contributing federal political committee. **C** C00394957

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
 07 / 29 / 2015

Transaction ID : A042E09B2E19344ACB12

Amount of Each Receipt this Period
2000.00

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: PAGE 63 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Committee for the Advancement of Southeast Cotton

Mailing Address 139 Prominence Court
Suite 110

City Dawsonville State GA Zip Code 30534-8940

FEC ID number of contributing federal political committee. **C** C00300426

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
 07 / 29 / 2015

Transaction ID : A548E282D10B34101ACA

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 764

City Columbia State SC Zip Code 29202-0764

FEC ID number of contributing federal political committee. **C** C00200907

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
 08 / 26 / 2015

Transaction ID : A459A2FE831E94AA4B97

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Koch Industries, Inc. PAC

Mailing Address 600 14th Street NW
Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

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
 08 / 03 / 2015

Transaction ID : A272F5E1876674653A9A

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Boeing Company PAC

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : AB3F4551DBE50458F953

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of SC PAC

Mailing Address I-20 at Alpine Rd.

City State Zip Code
Columbia SC 29219-0001

FEC ID number of contributing federal political committee. **C** C00406850

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
 08 / 21 / 2015

Transaction ID : A4F18871E15564FD690C

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
American Forest & Paper Association PAC

Mailing Address 1101 K Street NW, Ste 700

City State Zip Code
Washington DC 20005-4210

FEC ID number of contributing federal political committee. **C** C00029348

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
 09 / 14 / 2015

Transaction ID : AE28A64878BC743F5B96

Amount of Each Receipt this Period
2500.00

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 65 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wine & Spirits Wholesalers of Amer PAC

Mailing Address 805 15th St NW Ste 430
Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

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
 07 / 29 / 2015

Transaction ID : AACE12F6ABB5E41B483C

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
United Technologies Corporation PAC

Mailing Address 1101 Pennsylvania Ave NW Fl 10
10th Floor

City Washington State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

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
 08 / 18 / 2015

Transaction ID : A9D089D77814844BD9F0

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

City THOMASVILLE State NC Zip Code 27360

FEC ID number of contributing federal political committee. **C C00496836**

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
 09 / 01 / 2015

Transaction ID : AC95B8B89A6F34D7BAD4

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 66 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JM FAMILY ENTERPRISES, INC. PAC

Mailing Address 100 JIM MORAN BLVD.

City State Zip Code
DEERFIELD BEACH FL 33442

FEC ID number of contributing federal political committee. **C** C00240911

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
 07 / 29 / 2015

Transaction ID : A64F2B4F4F97F4E88975

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City State Zip Code
Charlotte NC 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AABFAEFD1C18C4E9299B

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code
Washington DC 20036-3902

FEC ID number of contributing federal political committee. **C** C00004275

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
 09 / 23 / 2015

Transaction ID : A4270A38102094A3EB8D

Amount of Each Receipt this Period
500.00

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 67 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183-3219

FEC ID number of contributing federal political committee. **C** C00394957

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
 07 / 29 / 2015

Transaction ID : A27D873B13DC442F5952

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1301 K St NW
Suite 800 West

City State Zip Code
Washington DC 20005-3317

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
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : A77D165543268455B930

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City State Zip Code
Charlotte NC 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AC83F72D9622C4D5AAF6

Amount of Each Receipt this Period
500.00

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: PAGE 68 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

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
 09 / 30 / 2015

Transaction ID : AE9B632CC6AEC4398B70

Amount of Each Receipt this Period
2500.00

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

Mailing Address 601 Pennsylvania Ave. NW
South Building, Suite 600

City State Zip Code
Washington DC 20004-2601

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
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : A3FE0AF368F25498B8D2

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1301 K St NW
Suite 800 West

City State Zip Code
Washington DC 20005-3317

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
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : A534BCD2937AD449CA42

Amount of Each Receipt this Period
500.00

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: PAGE 69 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARDA-ROC PAC

Mailing Address 1201 15th St NW
Suite 400

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00358663**

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
09 / 29 / 2015

Transaction ID : A7A7E41D8FE174D7586D

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Deloitte Federal PAC

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

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
07 / 29 / 2015

Transaction ID : A95A8D5731EAE4FEF8FF

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City Charlotte State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

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
07 / 08 / 2015

Transaction ID : A2F0A86E26A6745899B2

Amount of Each Receipt this Period
1000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC PAC

Mailing Address 1605 King St

City State Zip Code
Alexandria VA 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

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
 08 / 10 / 2015

Transaction ID : AA5B21400F37742D1B5A

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City State Zip Code
STAMFORD CT 06901

FEC ID number of contributing federal political committee. **C** C00012245

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
 07 / 17 / 2015

Transaction ID : AC3E5AD75CB74437F95D

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Eye of the Tiger PAC

Mailing Address PO Box 2485

City State Zip Code
Springfield VA 22152-0485

FEC ID number of contributing federal political committee. **C** C00467431

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
 07 / 29 / 2015

Transaction ID : AF82E81D84A5D4D15B8C

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Committee for the Advancement of Cotton

Mailing Address **PO Box 2995**

City **Cordova** State **TN** Zip Code **38088-2995**

FEC ID number of contributing federal political committee. **C C00023028**

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
07 / 29 / 2015

Transaction ID : A9C418DE31D6D4FADBF1

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
WESTROCK POLITICAL ACTION COMMITTEE

Mailing Address **504 THRASHER STREET**

City **Norcross** State **GA** Zip Code **30071-1967**

FEC ID number of contributing federal political committee. **C C00117424**

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
09 / 29 / 2015

Transaction ID : A16AF865C966A4C11B26

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Mailing Address **316 PENNSYLVANIA AVE SE
SUITE 401**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00503680**

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
09 / 24 / 2015

Transaction ID : A643085D72DF040F4A44

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 72 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kelley Drye & Warren, LLP PAC

Mailing Address 3050 K St. NW
Suite 400

City Washington State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

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
 09 / 29 / 2015

Transaction ID : A0F4220774D14498481E

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

Mailing Address 1219 28TH STREET NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00118208**

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
 07 / 29 / 2015

Transaction ID : A88A0161C25AA499B80B

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NESTLE WATERS NORTH AMERICA INC. PAC

Mailing Address 900 LONG RIDGE RD. BUILDING 2

City STAMFORD State CT Zip Code 06902

FEC ID number of contributing federal political committee. **C C00302943**

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
 07 / 29 / 2015

Transaction ID : AD007AB8EF01C4E27B12

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: PAGE 73 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Mailing Address 316 PENNSYLVANIA AVE SE
SUITE 401

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00503680**

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
 09 / 11 / 2015

Transaction ID : **A80FC58DA7A724E9C9B4**

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 764

City State Zip Code
Columbia SC 29202-0764

FEC ID number of contributing federal political committee. **C C00200907**

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
 08 / 21 / 2015

Transaction ID : **A1ACF30A5F64E4AB5918**

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1932 Wynnton Rd.

City State Zip Code
Columbus GA 31909

FEC ID number of contributing federal political committee. **C C00034157**

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
 08 / 18 / 2015

Transaction ID : **A9CA59FD88F224076B97**

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... 4500.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 74 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Branch Banking & Trust Company PAC

Mailing Address PO Box 1290

City State Zip Code
Winston Salem NC 27102-1290

FEC ID number of contributing federal political committee. **C** C00075291

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
 09 / 23 / 2015

Transaction ID : A715618AA809D41BCB21

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
General Electric PAC

Mailing Address 1299 Pennsylvania Ave NW
Suite 900

City State Zip Code
Washington DC 20004-2414

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
 07 / 08 / 2015

Transaction ID : AA0C81AA7055477D9D8

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

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
 07 / 29 / 2015

Transaction ID : ADC818FFA69D34AD1885

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 75 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
General Dynamics Corporation PAC

Mailing Address 2941 Fairview Park Dr Ste 100
#100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C C00078451**

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
08 / 18 / 2015

Transaction ID : A63D97C241E2046579CC

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
USA Rice Federation PAC

Mailing Address 2101 Wilson Boulevard

City Arlington State VA Zip Code 22201-3086

FEC ID number of contributing federal political committee. **C C00308478**

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
08 / 21 / 2015

Transaction ID : A4CBDF23E618C4033B11

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Optometric Association PAC

Mailing Address 1505 Prince St., Ste. 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C C00024968**

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
09 / 08 / 2015

Transaction ID : AC7125F11C5584F30B5C

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Textile PAC

Full Name (Last, First, Middle Initial)
Textile PAC

Mailing Address 469 Hospital Dr
Suite C

City State Zip Code
Gastonia NC 28054-4779

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A72407118B1764A378BC

Amount of Each Receipt this Period
 1000.00

B. AT&T, Inc. Federal PAC

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

Mailing Address c/o 1133 21st Street, NW
Suite 900

City State Zip Code
Washington DC 20036

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 M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : AB18FB05371A1458AB62

Amount of Each Receipt this Period
 2500.00

C. Oral and Maxillofacial Surgery PAC

Full Name (Last, First, Middle Initial)
Oral and Maxillofacial Surgery PAC

Mailing Address 9700 W. Bryn Mawr Ave

City State Zip Code
Rosemont IL 60018-5701

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : ABA9BE778E5134AD7A99

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<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)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RESOLUTE FOREST PRODUCTS US INC. POLITICAL ACTION COMMITTEE

Mailing Address 3502 REGENTS PARK COURT

City ARLINGTON State TX Zip Code 76017

FEC ID number of contributing federal political committee. **C** C00350884

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
 07 / 16 / 2015

Transaction ID : A5090F519876342E3B86

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Aircraft Owners and Pilots Association PAC

Mailing Address 421 Aviation Way

City Frederick State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

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
 09 / 29 / 2015

Transaction ID : A45F77C11C12E4F5DA4E

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 430 First Street SE, #100

City Washington State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

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
 08 / 25 / 2015

Transaction ID : A57152A73642F4E649BE

Amount of Each Receipt this Period
 3500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
21st Century Oncology PAC

Mailing Address 6321 Daniels Parkway, Ste 200

City State Zip Code
Fort Myers FL 33912-4773

FEC ID number of contributing federal political committee. **C** C00385120

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A0D01CA95AF31411CA7A

Amount of Each Receipt this Period
 2500.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

95500.00

**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 79 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 45.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Bank Fee	Category/Type	Transaction ID : B96084170F3D24438BB7
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. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95
City Myrtle Beach	State SC Zip Code 29572-4337	
Purpose of Disbursement Salary	Category/Type	Transaction ID : BD915CF71F00249719B8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lucky Strike		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address Gallery Place, 701 7th St NW		Amount of Each Disbursement this Period 95.34
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food/Beverage	Category/Type	Transaction ID : B1CC5495FF5D24DE689D
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	348.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 15.00 Transaction ID : BC352E448E19748CFB74
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Merchant Fee	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. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 12.81 Transaction ID : B1D74219A7ACC4B21810
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lucky Strike		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address Gallery Place, 701 7th St NW		Amount of Each Disbursement this Period 110.55 Transaction ID : B219C59CF60604582A43
City Washington	State DC Zip Code 20001	
Purpose of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional).....	138.36
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 81 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 16.50 Transaction ID : BC065C951399A464C843
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
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. Big River Breweries		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 900 f St., NW		Amount of Each Disbursement this Period 87.91 Transaction ID : B8E012D7B4BA442DEABC
City Washington State DC Zip Code 20004-1404	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 6.76 Transaction ID : B875A0F10770B410EBB4
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	111.17
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 82 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.90 Transaction ID : B9D225062097A4E19823
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Taxes	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. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04 Transaction ID : B7C7E997D9BCA4EF0938
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 45.70 Transaction ID : BFA18FC738D904841862
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	138.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 5.00		
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : B17A0464F554242C7BDD		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
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. Alex Eline			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015		
Mailing Address 7901 Beach Dr.			Amount of Each Disbursement this Period 207.96		
City Myrtle Beach	State SC	Zip Code 29572-4337	Transaction ID : BD262C93693634422BC7		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
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) c. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015		
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 62.89		
City Myrtle Beach	State SC	Zip Code 29577-3103	Transaction ID : B1BCD5A5EFCCD44EA9F5		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
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:				

SUBTOTAL of Disbursements This Page (optional).....	275.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04
City Myrtle Beach	State SC	
Zip Code 29577-3103		
Purpose of Disbursement Payroll Service		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. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 994.83
City Alexandria	State VA	
Zip Code 22314-5408		
Purpose of Disbursement Fundraising Consulting/Event Catering/Site Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Willard Hotel		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 1401 Pennsylvania Ave NW		Amount of Each Disbursement this Period 330.26
City Washington	State DC	
Zip Code 20004-1047		
Purpose of Disbursement Event Site Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	1355.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 15.00
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Merchant Fee	Transaction ID : BE0D709E0E41E42B9A9F
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. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 18.00
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Bank Fee	Transaction ID : B04A0CD92D03F4EF1BB0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	Transaction ID : B5B51A907CBDE493A870
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	240.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Colleen Wakefield		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 73.88 Transaction ID : B71C34313F1AC4550A7B
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		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. AccuChecks		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 75.69 Transaction ID : B231B91B5EBE7487C8AB
City Myrtle Beach	State SC	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55 Transaction ID : BB0E63F024728407E919
City Myrtle Beach	State SC	
Purpose of Disbursement Payroll Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	182.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 228 S Washington St Ste 115			Amount of Each Disbursement this Period 5257.91	
City Alexandria	State VA	Zip Code 22314-5404	Transaction ID : B02712D6C720648C79B7	
Purpose of Disbursement Compliance Consulting		Category/ Type		
Candidate Name				
Office Sought:	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. Winfrey & Company			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 228 S Washington St Ste B7			Amount of Each Disbursement this Period 8852.76	
City Alexandria	State VA	Zip Code 22314-5408	Transaction ID : B0233EBC65AEA487DA3A	
Purpose of Disbursement Fundraising Consulting/Event Catering/Site Rental		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Alex Eline			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015	
Mailing Address 7901 Beach Dr.			Amount of Each Disbursement this Period 207.96	
City Myrtle Beach	State SC	Zip Code 29572-4337	Transaction ID : BC0B9A47513244A59A0B	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	14318.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. AccuChecks		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		20		2015
M M	/	D D	/	Y Y Y Y								
08		20		2015								
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29577-3103	<table border="1"> <tr> <td>30.04</td> </tr> </table>	30.04									
30.04												
Purpose of Disbursement	Category/Type	Transaction ID : B9F782FB577514FB687F										
Payroll Service												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. AccuChecks		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		20		2015
M M	/	D D	/	Y Y Y Y								
08		20		2015								
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29577-3103	<table border="1"> <tr> <td>62.89</td> </tr> </table>	62.89									
62.89												
Purpose of Disbursement	Category/Type	Transaction ID : B8501C13DCFE5403B88E										
Payroll Taxes												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. AccuChecks		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		04		2015
M M	/	D D	/	Y Y Y Y								
09		04		2015								
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29577-3103	<table border="1"> <tr> <td>30.04</td> </tr> </table>	30.04									
30.04												
Purpose of Disbursement	Category/Type	Transaction ID : B3CE8B333A5CC4349BA9										
Payroll Service												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>122.97</td> </tr> </table>	122.97
122.97		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : BBD9764EC778C486B96C
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		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. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.90 Transaction ID : BBA1ED773318F4648B99
City Myrtle Beach	State SC	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : BD072A3FC2A8D41B29A3
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	478.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.89 Transaction ID : B03258DB777684FAF92A
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Taxes	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. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04 Transaction ID : B872C043BCC374022836
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00 Transaction ID : B0CD2BBA140474A6BB22
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Compliance Software	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2492.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 807.33 Transaction ID : B7232DEF7596049F58E0
City Alexandria	State VA Zip Code 22314-5408	
Purpose of Disbursement Event Site Rental		Category/ Type
Candidate Name		
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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 144 2nd St Fl 1		Amount of Each Disbursement this Period 567.00 Transaction ID : BB8509747D96C4CC09B8
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement CC Processing Fees		Category/ Type
Candidate Name		
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) c. Square Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 746.00 Transaction ID : B8B113C5BC76F4F58A0C
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement CC Processing Fees		Category/ Type
Candidate Name		
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:	

SUBTOTAL of Disbursements This Page (optional).....	2120.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 111	
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address PO Box 70700		Amount of Each Disbursement this Period 1281.99
City Myrtle Beach	State SC	
Zip Code 29572-0030	Purpose of Disbursement Travel Reimbursement-See Memos	Transaction ID : B31A167EDD6354E928F8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

Full Name (Last, First, Middle Initial) B. The Dunes Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 9000 N Ocean Blvd		Amount of Each Disbursement this Period 146.15
City Myrtle Beach	State SC	
Zip Code 29572-4424	Purpose of Disbursement Travel	Transaction ID : B0443C5950CE746D7A35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. National Car Rental		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 6929 N. Lakewood Ave. Ste. 100		Amount of Each Disbursement this Period 32.60
City Tulsa	State OK	
Zip Code 74117-1824	Purpose of Disbursement Travel	Transaction ID : B8F3B083CC7B64CC2B68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1281.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Credit Card		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 6957.78
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Credit Card Payment--See Memos		Transaction ID : BBC4CBC613A854BF080D
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.83
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel		Transaction ID : BEA058BEB7C9B4E6DB2D
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 563.20
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel		Transaction ID : BF5D22BEED5C741AEAF8
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)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6957.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 5.08
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B50461051BCFD4A6F995
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. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 247.72
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	Transaction ID : B725D2BDA72D6466A8B4
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) C. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 10.84
City Florence	State SC	
Zip Code 29501-0000	Purpose of Disbursement Food/Beverage	Transaction ID : BF77934FCAA56423D9DD
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bright and Beautiful		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 9902B N. Kings Hwy		Amount of Each Disbursement this Period 74.90
City Myrtle Beach	State SC	
Zip Code 29572-4049	Purpose of Disbursement Flowers	Transaction ID : BFC83BCC742C9447C935
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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 211.67
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	Transaction ID : B5788A08E714A409A900
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) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 356.20
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : B20C701E9AC64475992C
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 15.62
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B911D2DCC088C4449BC1
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)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. Harris Teeter			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address US 76 Cashua DR.			Amount of Each Disbursement this Period 27.18
City Florence	State SC	Zip Code 29501-0000	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : BF887C5F6997543AB8DB
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)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. Nemaocolin Woodlands Resort			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1001 Lafayette Drive			Amount of Each Disbursement this Period 894.87
City Farmington	State PA	Zip Code 15437-9754	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B80398E3E235E4A6CAA8
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)	[MEMO ITEM]
State:	District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 111	
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 6.00
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	Transaction ID : B440FCD22F6AD462F869
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. Minds and Machines		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 3100 Donald Douglas Loop N Hngr 7		Amount of Each Disbursement this Period 181.44
City Santa Monica	State CA	
Zip Code 90405-3085	Purpose of Disbursement Online Service	Transaction ID : B1AECE413D4AB4FA3B8D
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) c. Uber		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.99
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B8181E7218A2646D5891
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 245.00
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	Transaction ID : B7B6F7C85ADDF48979AB
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. Minds and Machines		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 3100 Donald Douglas Loop N Hngr 7		Amount of Each Disbursement this Period 181.44
City Santa Monica	State CA	
Zip Code 90405-3085	Purpose of Disbursement Online Service	Transaction ID : B787E742A747E4DE4942
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) c. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 34.78
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Transaction ID : B285C9CDF0C5A4D11BB7
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 111	
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address Dept. 980 PO Box 20980		Amount of Each Disbursement this Period 1370.20
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : B2144BD4D84F246849A5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Nemacolin Woodlands Resort		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1001 Lafayette Drive		Amount of Each Disbursement this Period 1095.25
City Farmington	State PA Zip Code 15437-9754	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : B08FD5F8A36DF493BA76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address Dept. 980 PO Box 20980		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : B88047EEDCFC04FF9872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 18.00
City Washington	State DC Zip Code 20037-9997	
Purpose of Disbursement Postage	Category/Type	Transaction ID : B6F0D276030894426BA6 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 5.25
City Washington	State DC Zip Code 20037-9997	
Purpose of Disbursement Postage	Category/Type	Transaction ID : BE389C64DA314477BA1A [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PNC Credit Card		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 29.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement CC Fee	Category/Type	Transaction ID : BC7C9DBC01D7947AE9A9 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 111	
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 302.20
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : BB9AA8EC71E1F43BE967
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. Minds and Machines		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 3100 Donald Douglas Loop N Hngr 7		Amount of Each Disbursement this Period 40.32
City Santa Monica	State CA	
Zip Code 90405-3085	Purpose of Disbursement Online Service	Transaction ID : BD82C11A5F5254B3B82D
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) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 50.08
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Phone Service	Transaction ID : B3796400A3CE34D9EAAA
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 111	
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Credit Card		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 6209.64 Transaction ID : BE1C21D2888BC420D94D
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Credit Card Payment--See Memos		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. USPS		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 164.00 Transaction ID : B2BBB3B60050143F4ABA
City Washington	State DC Zip Code 20037-9997	
Purpose of Disbursement Postage		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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Crave		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 7101 Democracy Blvd		Amount of Each Disbursement this Period 161.76 Transaction ID : B313B72BB1C974105803
City Bethesda	State MD Zip Code 20817-1018	
Purpose of Disbursement 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:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	6209.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bistro 217		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 10707 Ocean Hwy		Amount of Each Disbursement this Period 304.49
City Pawleys Island	State SC	
Zip Code 29585-7875		[MEMO ITEM]
Purpose of Disbursement Food/Beverage		
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. Minds and Machines		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 3100 Donald Douglas Loop N Hngr 7		Amount of Each Disbursement this Period 40.32
City Santa Monica	State CA	
Zip Code 90405-3085		[MEMO ITEM]
Purpose of Disbursement Online Service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 982.18
City Washington	State DC	
Zip Code 20003-1801		[MEMO ITEM]
Purpose of Disbursement Food/Beverage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Crave		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 7101 Democracy Blvd		Amount of Each Disbursement this Period 287.33
City Bethesda	State MD	
Zip Code 20817-1018	Purpose of Disbursement Food/Beverage	Transaction ID : BD6EC49A4F3394219931
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 5.05
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	Transaction ID : B72F4873493EA482A81C
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) c. Little Shop of Flowers		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2421 18th St NW		Amount of Each Disbursement this Period 110.67
City Washington	State DC	
Zip Code 20009-2055	Purpose of Disbursement Flowers	Transaction ID : B1F2690C61BF34ABFBD2
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 1357.24
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : B10BC5B5F4C1A47EDA1F [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 476.33
City Lexington State SC Zip Code 29072-8648	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	Transaction ID : B136AF6BBC13C45D597B [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Little Shop of Flowers		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2421 18th St NW		Amount of Each Disbursement this Period 78.42
City Washington State DC Zip Code 20009-2055	Purpose of Disbursement Flowers	
Candidate Name	Category/Type	Transaction ID : B66D25F1C660143AD882 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 49.98
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	Transaction ID : B43FA90EB66424554AB7
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. Cost Plus		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period 160.84
City Bluffton	State SC	
Zip Code 29910-6638	Purpose of Disbursement Office Supplies	Transaction ID : B0687868BAB2C4513A76
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) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 6.74
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B2A1C38A0947144C79A3
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 111			
	<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)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 9,999,999.99 196.00
City Washington State DC Zip Code 20037-9997	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : B59B4E1FF0D1948B09F2 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 9,999,999.99 49.00
City Washington State DC Zip Code 20037-9997	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : B0772DA355EE846DE893 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period 9,999,999.99
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9,999,999.99 0.00
TOTAL This Period (last page this line number only).....	9,999,999.99 36802.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 111	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Salvation Army		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 3335 Sherman Ave NW		Amount of Each Disbursement this Period 500.00 Transaction ID : B235C195C3B164B2FADF
City Washington	State DC Zip Code 20010-1523	
Purpose of Disbursement Charitable Contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

Full Name (Last, First, Middle Initial) B. SC Federation of Republican Women		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1913 Marion Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : BDC436E9C75914601BC9
City Columbia	State SC Zip Code 29201-2552	
Purpose of Disbursement Non Federal Contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

Full Name (Last, First, Middle Initial) c. National Republican Congressional Cmte.		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 56400.00 Transaction ID : B5C1DEB6E341648C1B05
City Washington	State DC Zip Code 20003-1838	
Purpose of Disbursement Transfer	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	57900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 111			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Credit Card		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 1250.00 Transaction ID : BCD6F18AF22824AB386F
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Credit Card Payment-Contributions-See Memos		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. Georgetown County GOP		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address PO Box 1887		Amount of Each Disbursement this Period 250.00 Transaction ID : B86AF8C19BB0847FFAFD [MEMO ITEM]
City Pawleys Island	State SC Zip Code 29585-1887	
Purpose of Disbursement Non Federal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State:	District:	

Full Name (Last, First, Middle Initial) C. Ron DeSantis for Congress		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address PO Box 405		Amount of Each Disbursement this Period 1000.00 Transaction ID : B65756346BF2D4BC5B5C [MEMO ITEM]
City Ponte Vedra	State FL Zip Code 32004-0405	
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name Rep. Ron D. DeSantis		
Office Sought: <input checked="" 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: FL	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	59150.00