

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Carl F. Sloan

Mailing Address 115 Hickory Lane

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Coastal Eye Group Occupation Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
 250.00

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

Mailing Address 112 Twin Oak Court

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Coastal Eye Group Occupation Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
 2500.00

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

Mailing Address Post Office Box 6975

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Chicora Development Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
 1100.00

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

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

3850.00