

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
SC 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    /    /    2015 through    /    /    2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Lisa Lisker  
Signature of Treasurer Lisa Lisker [Electronically Filed] Date    /    /    2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**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))....	132950.00	571298.90
(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)).....	132950.00	571298.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	88682.66	281128.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1869.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88682.66	279258.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	540517.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TOM RICE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	63500.00	329200.00
(ii) Unitemized.....	2450.00	13098.90
(iii) TOTAL of contributions from individuals ▶	65950.00	342298.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	67000.00	229000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	132950.00	571298.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1869.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	132950.00	573168.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88682.66	281128.80
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 .....	2000.00	172000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	90682.66	477128.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	498250.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	132950.00
25. SUBTOTAL (add Line 23 and Line 24).....	631200.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90682.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	540517.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 83
	<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)  
**Thomas E Needham**

Mailing Address 5508 Whistling Duck Dr

City North Myrtle Beach State SC Zip Code 29582-9340

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

Name of Employer A & I Occupation Fire and water restoration

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : A8CA86D2F46F04E5E888**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1335 Lazar Pl

City Florence State SC Zip Code 29501-5664

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

Name of Employer Adp Corporation Occupation General 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  
 11 / 11 / 2015

**Transaction ID : AFA67D2D13D264956BA2**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 601 Braxton Place

City Alexandria State VA Zip Code 22301-2703

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

Name of Employer Nutter & Harris Occupation Executive 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  
 11 / 06 / 2015

**Transaction ID : AAA3D2B18A8E145038BF**

Amount of Each Receipt this Period  
 500.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 6 OF 83  
(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)  
**Curtis Tyner Sr.**

Mailing Address PO Box 234

City Hartsville State SC Zip Code 29551-0234

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

Name of Employer Heritage Community Bank Occupation Banker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : AB8A1699008F34640854**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 5057 Highway 17 Business

City Murrells Inlet State SC Zip Code 29576-5653

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

Name of Employer C. L. Benton & Sons, Inc. Occupation Contractor

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  
 12 / 01 / 2015

**Transaction ID : A24D98C9B8F4140C9838**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Martin Taylor Whitmer Jr**

Mailing Address 2915 King St

City Alexandria State VA Zip Code 22302-3513

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

Name of Employer WHITMER & WORRALL LLC Occupation Partner

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  
 10 / 27 / 2015

**Transaction ID : A864BF60D79EC44EDBEF**

Amount of Each Receipt this Period  
**500.00**

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

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

**3450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 83
	<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. Bentley L. Thompson**

Mailing Address 3760 Waterford Dr

City Myrtle Beach State SC Zip Code 29577-5845

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

Name of Employer Native Homes LLC 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  
 10 / 15 / 2015

**Transaction ID : A3F4011331BD245928EB**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2512 W Edgefield Rd

City Florence State SC Zip Code 29501-1919

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

Name of Employer Charles Ingram Lumber Co. Occupation 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  
 11 / 06 / 2015

**Transaction ID : AC07F4798470B481580F**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert S. Rogers III**

Mailing Address 102 Bomar Gardens St

City Cheraw State SC Zip Code 29520-1719

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

Name of Employer Palmetto Brick Company 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  
 10 / 22 / 2015

**Transaction ID : A7A1CEBDEDA1A4A858DC**

Amount of Each Receipt this Period  
 500.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<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)  
**Alex Jarvis**

Mailing Address 1306 Clayborne House Ct

City Mc Lean	State VA	Zip Code 22101-2402
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fierce Government Relations	Occupation Partner
---	-----------------------

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  
 10 / 16 / 2015

**Transaction ID : A6CB16B2297594848B54**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Stephen Imbeau MD**

Mailing Address 950 Park Ave

City Florence	State SC	Zip Code 29501-5734
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FEC ID number of contributing federal political committee. **C**

Name of Employer Allergy, Asthma, And Sinus Cen	Occupation Owner/founder
--	-----------------------------

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  
 11 / 11 / 2015

**Transaction ID : A1078268CF05048A0961**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 205 West Glendale Ave

City Alexandria	State VA	Zip Code 22301-2452
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FEC ID number of contributing federal political committee. **C**

Name of Employer Williams & Jensen	Occupation 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  
 12 / 16 / 2015

**Transaction ID : A8A32E752B5994066A17**

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 9 OF 83
	<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)  
**William Henry Johnson**

Mailing Address 71 Rivers Street

City	State	Zip Code
Lake City	SC	29560

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

Name of Employer	Occupation
W. Lee Flowers & Co., Inc.	Grocer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

**Transaction ID : A2D7F052C27854ED7991**

Amount of Each Receipt this Period

1000.00
---------

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

Mailing Address P.O. Box 1585

City	State	Zip Code
Shallotte	NC	28459-1585

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

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**Transaction ID : A783A993BDA3C4AC29FF**

Amount of Each Receipt this Period

1000.00
---------

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

Mailing Address 9135 Abingdon Drive

City	State	Zip Code
Myrtle Beach	SC	29579-5193

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

Name of Employer	Occupation
Visibility & Conversions, LLC	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

**Transaction ID : A247760BAFC8E4A1EA18**

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
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**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 83
	<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)  
**Jack Victory**

Mailing Address 4012 Ethan Thomas Drive

City	State	Zip Code
Clinton	MD	20735-4420

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

Name of Employer	Occupation
Capital Hill Consulting Group	Lobbyist

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  
 12 / 16 / 2015

**Transaction ID : AD6208E4E3F124F42BA8**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P O Box 630

City	State	Zip Code
Florence	SC	29503-0630

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

Name of Employer	Occupation
Crown Beverages, Inc.	President/ceo

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  
 11 / 11 / 2015

**Transaction ID : A042B1C2F574B43119F5**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1191 Elk Valley Dr

City	State	Zip Code
Evergreen	CO	80439-4924

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  
 10 / 06 / 2015

**Transaction ID : AA4D71AE009064C9188E**

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 11 OF 83  
(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)  
**Frank B. Rogers III**

Mailing Address 111 Colonial Dr

City State Zip Code  
Bennettville SC 29512-3450

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southern Cotton Growers Inc. Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : AA0B6315C61ED46E7A21**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**William E. Henderson III**

Mailing Address 205 West Brannon Rd

City State Zip Code  
Nicholasville KY 40356-8846

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
R.J. Corman Railroad

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : A988A4C5B6AD4431E94B**

Amount of Each Receipt this Period

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

Mailing Address P O Box 5442

City State Zip Code  
Florence SC 29502-5442

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 : A0FBFB2B3A0FE4C0183C**

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 12 OF 83  
(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)  
**Christopher Conklin**

Mailing Address 917 Mount Gilead Rd

City Murrells Inlet State SC Zip Code 29576-7721

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

Name of Employer Seven Seas Seafood Market Occupation Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : AE49A784F8E89492085E**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address P O Box 100551

City Florence State SC Zip Code 29502-0551

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

Name of Employer Mcleod Regional Medical Center 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  
 11 / 11 / 2015

**Transaction ID : A606875C6211743F584C**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Joseph David Moss**

Mailing Address 642 Ascot Dr

City Florence State SC Zip Code 29501-1913

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : A8430A46E8E9346A9AD4**

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 13 OF 83
	<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)  
**Julia Chlopecki**

Mailing Address 1547 Evers Drive

City State Zip Code  
Mc Lean VA 22101-5006

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

Name of Employer Occupation  
Xenophon Strategies 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  
 11 / 06 / 2015

**Transaction ID : AC5CDADA0660F456FAEF**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

\_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Stevenson Beckham Jr**

Mailing Address 1912 Valleywood Rd

City State Zip Code  
Mc Lean VA 22101-4930

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

Name of Employer Occupation  
Usc Fellowship 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  
 10 / 27 / 2015

**Transaction ID : A71B22F2FACD7454A906**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

\_\_\_\_\_ 500.00

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

Mailing Address PO Box 1909

City State Zip Code  
Florence SC 29503-1909

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

Name of Employer Occupation  
Willcox, Buyck & Williams, P.a 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  
 11 / 11 / 2015

**Transaction ID : A615B359B556A4D9E88C**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

\_\_\_\_\_ 300.00

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

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

\_\_\_\_\_ 1300.00

\_\_\_\_\_

**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 14 OF 83
	<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)  
**Furman Brodie**

Mailing Address 1214 Dunvegan Rd

City Florence	State SC	Zip Code 29501-5628
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FEC ID number of contributing federal political committee. **C**

Name of Employer Charles Ingram Lumber Co.	Occupation CEO
---	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : AEC53F37E88304E248FF**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 1191 Elk Valley Dr

City Evergreen	State CO	Zip Code 80439-4924
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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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : A3BFB158718534512BAA**

Amount of Each Receipt this Period  
2300.00

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

Mailing Address 2007 WINDSOR ROAD

City Alexandria	State VA	Zip Code 22307-1108
--------------------	-------------	------------------------

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

Name of Employer Capitol Counsel	Occupation Consultant
-------------------------------------	--------------------------

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  
 12 / 12 / 2015

**Transaction ID : AFF30BE87D24E419AB6A**

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 15 OF 83  
(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)  
**Joe Griffin**

Mailing Address 3020 Watersedge Lane

City State Zip Code  
Florence SC 29501-6387

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

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

**Transaction ID : A68455A316F984399A32**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1475 Four Mile Rd

City State Zip Code  
Conway SC 29526-3805

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

Name of Employer Occupation  
Self Employed Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : AA7012545D6F8494DB88**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8454 Clover Leaf Drive

City State Zip Code  
Mc Lean VA 22102-2227

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

Name of Employer Occupation  
Ernst & Young Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A2AE2855B6B3B43D7AE5**

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 16 OF 83
	<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)  
**RMS - Resource Management Service LLC**

Mailing Address PO Box 380757

City Birmingham State AL Zip Code 35238-0757

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  
 12 / 16 / 2015

**Transaction ID : AA3042F4CE5094E66B08**

Amount of Each Receipt this Period  
 1000.00

No Partners Require Itemization

**B.** Full Name (Last, First, Middle Initial)  
**William R. McGonigal Jr.**

Mailing Address 4100 Gray Heron Dr

City North Myrtle Beach State SC Zip Code 29582-9520

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

Name of Employer Occupation  
Self Employed Resort Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : A2F8C444B9EF044618E9**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 530 Ridgewood Dr

City Florence State SC Zip Code 29501-5520

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

Name of Employer Occupation  
Remax Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A571533DDA0074BD8AD2**

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 17 OF 83
	<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 Harrington**

Mailing Address 1690 Dolphin Street

City	State	Zip Code
Murrells Inlet	SC	29576-5521

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

Name of Employer	Occupation
Harrington Construction	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  
 12 / 11 / 2015

**Transaction ID : AB895CB6F7E9F401287D**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 8454 Clover Leaf Drive

City	State	Zip Code
Mc Lean	VA	22102-2227

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

Name of Employer	Occupation
Ernst & Young	Principal

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  
 12 / 16 / 2015

**Transaction ID : A776ED2831C5A40269BA**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. B Webb Jones Jr.**

Mailing Address 2234 Windsor Forest Drive

City	State	Zip Code
Florence	SC	29501-2069

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

Name of Employer	Occupation
Self Employed	Periodonist

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  
 10 / 19 / 2015

**Transaction ID : AD79729AAF66E47D5A78**

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 18 OF 83
	<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)  
**Mrs. Nancy L. Player**

Mailing Address 420 Rosewood Dr

City Florence State SC Zip Code 29501-5454

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  
 11 / 11 / 2015

**Transaction ID : AEB8EFCAD62E5422A9D6**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1901 Kensington Street

City Florence State SC Zip Code 29505-3256

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  
 11 / 11 / 2015

**Transaction ID : A2C11B3AF725F4D77979**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 805 Pamplico Hwy  
Mall A, Suite 230

City Florence State SC Zip Code 29505-6047

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

Name of Employer Carolinas Hospital Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A92F27E8E0E114FD9A17**

Amount of Each Receipt this Period  
 1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83
	<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. Austin Gilbert Jr.**

Mailing Address PO Box 3009

City Florence	State SC	Zip Code 29502-3009
------------------	-------------	------------------------

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

Name of Employer Gilbert Construction Company	Occupation Owner
--	---------------------

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  
 11 / 02 / 2015

**Transaction ID : A63CEE464BAD7417A875**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 500 N Fifth Street

City Hartsville	State SC	Zip Code 29550-3210
--------------------	-------------	------------------------

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

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

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

**Transaction ID : A0B2FC477C7C44B559D2**

Amount of Each Receipt this Period  
300.00

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

Mailing Address P O Box 4507

City Florence	State SC	Zip Code 29502-4507
------------------	-------------	------------------------

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

Name of Employer Fbi Construction	Occupation President/Owner
--------------------------------------	-------------------------------

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  
 11 / 03 / 2015

**Transaction ID : A14AC8115CAA240DD823**

Amount of Each Receipt this Period  
1000.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 83
	<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)  
**Heyward King Jr.**

Mailing Address PO Box 1629

City	State	Zip Code
Lake City	SC	29560-1629

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

Name of Employer	Occupation
Self Employed	Grocer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : AA46DCC8A5006486FB9A**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**James 'Mickey' Ward**

Mailing Address 501 Welch Road

City	State	Zip Code
Timmonsville	SC	29161-9676

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

Name of Employer	Occupation
Self Employed	Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : ACDEAECF75A3C4210988**

Amount of Each Receipt this Period

1000.00

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

Mailing Address 2816 Cypress Bend Rd

City	State	Zip Code
Florence	SC	29506-8353

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

Name of Employer	Occupation
Self Employed	Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : AC120E57BDB054410B18**

Amount of Each Receipt this Period

2500.00

**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 21 OF 83
	<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)  
**E. Lawton Benton**

Mailing Address 5057 Highway 17 Business

City	State	Zip Code
Murrells Inlet	SC	29576-5653

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

Name of Employer	Occupation
C. L. Benton & Sons, Inc.	Contractor

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  
 12 / 01 / 2015

**Transaction ID : A026AC8586A954967AAD**

Amount of Each Receipt this Period  
2300.00

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

Mailing Address 1335 Lazar Pl

City	State	Zip Code
Florence	SC	29501-5664

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

Name of Employer	Occupation
Adp Corporation	General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

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

**Transaction ID : A596523134BF3473AB74**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 219 3rd St

City	State	Zip Code
Cheraw	SC	29520-2601

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

Name of Employer	Occupation
Bennett Motors	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  
 10 / 19 / 2015

**Transaction ID : AE495742FD2A14C3AB62**

Amount of Each Receipt this Period  
500.00

**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 22 OF 83
	<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)  
**Albert Gilpin**

Mailing Address 923 Georgetown Rd

City	State	Zip Code
Darlington	SC	29532-8650

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

Name of Employer	Occupation
McLeod Orthopedics	Orthopedic 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  
 11 / 11 / 2015

**Transaction ID : ABA01982F31784B8D8B4**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1214 Dunvegan Rd

City	State	Zip Code
Florence	SC	29501-5628

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

Name of Employer	Occupation
Charles Ingram Lumber Co.	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : ABA0892D83D734C8BB39**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 2512 W Edgefield Rd

City	State	Zip Code
Florence	SC	29501-1919

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

Name of Employer	Occupation
Charles Ingram Lumber Co.	Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : A2D1087271B2B45B2A27**

Amount of Each Receipt this Period  
2700.00

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
	<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)  
**Craig King**

Mailing Address 3306 Beacon Street

City Lexington State KY Zip Code 40513-1949

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

Name of Employer RJ Corman Railroad Group Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : AD5898EADD2CA4CB792A**

Amount of Each Receipt this Period  
**750.00**

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

Mailing Address 3405 Ebenezer Chase Drive

City Florence State SC Zip Code 29501-8012

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

Name of Employer Self Occupation Dentist

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  
 11 / 05 / 2015

**Transaction ID : A2A2DA0907D8A464D994**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 209 Mclver St

City Cheraw State SC Zip Code 29520-1736

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

Name of Employer Bc Moore & Sons Occupation Executive

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  
 10 / 15 / 2015

**Transaction ID : ACBD1EBBAD20B4CC38F1**

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 24 OF 83
	<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)  
**Pearce Land Company Llc**

Mailing Address 1943 Hoffmeyer Rd  
Ste A

City Florence State SC Zip Code 29501-3939

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

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  
 11 / 06 / 2015

**Transaction ID : A37EDDF731A2A4CFF888**

Amount of Each Receipt this Period  
1000.00

See Partner Memo Below

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

Mailing Address 814 Greenway Dr

City Florence State SC Zip Code 29501-5568

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

Name of Employer Occupation  
Pearce Land Company Llc Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : AB7EADAE8FB794CD7A6C**

Amount of Each Receipt this Period  
333.34

Pearce Lane Company Partner Memo

**[MEMO ITEM]**  
Partnership: Pearce Land Company Llc

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

Mailing Address 1520 Cherokee Rd

City Florence State SC Zip Code 29501-4552

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

Name of Employer Occupation  
Pearce Land Company, Llc Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : AF8DC729A14F94A24BE8**

Amount of Each Receipt this Period  
333.33

Pearce Lane Company Partner Memo

**[MEMO ITEM]**  
Partnership: Pearce Land Company Llc

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

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

1000.00



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

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

FOR LINE NUMBER: PAGE 25 OF 83  
(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)  
**Dr. Evans P. Holland**

Mailing Address 1516 Cherokee Rd

City State Zip Code  
Florence SC 29501-4552

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

Name of Employer Occupation  
The Pearce Land Co. Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : AEED922DE176041F6B38**

Amount of Each Receipt this Period  
 333.30

Pearce Lane Company Partner Memo

**[MEMO ITEM]**  
Partnership: Pearce Land Company Llc

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

63500.00

**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 83
	<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. NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 PENNSYLVANIA AVE., NW  
SUITE 220

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00064774**

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  
 12 21 2015

**Transaction ID : AE557BF6AFF884049B87**

Amount of Each Receipt this Period  
 1000.00

**B. Independent Community Bankers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1615 L Street NW  
Suite 900

City State Zip Code  
Washington DC 20036-5623

FEC ID number of contributing federal political committee. **C C00032698**

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  
 11 06 2015

**Transaction ID : A7EE28001B8A24F32A72**

Amount of Each Receipt this Period  
 1000.00

**C. BILL PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. Washington Street  
Suite 115

City State Zip Code  
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C C00412288**

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  
 12 31 2015

**Transaction ID : A8893FFC44160434DA09**

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 27 OF 83  
(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)  
**U.S. TRAVEL ASSOCIATION PAC**

Mailing Address 1100 NEW YORK AVENUE  
SUITE 450W

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00457754**

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  
11 / 12 / 2015

**Transaction ID : A94047235E08841E9A02**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE**

Mailing Address 10101 WOODLOCH FOREST DRIVE

City State Zip Code  
THE WOODLANDS TX 77380

FEC ID number of contributing federal political committee. **C C00339655**

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  
12 / 16 / 2015

**Transaction ID : AD44B1D91BFC6430BB6F**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. Box 22930

City State Zip Code  
San Diego CA 92192-2930

FEC ID number of contributing federal political committee. **C C00215285**

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  
12 / 16 / 2015

**Transaction ID : A061B19E2C6404BE5A9B**

Amount of Each Receipt this Period  
2500.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 83  
(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. General Electric PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW  
 Suite 900  
 City Washington State DC Zip Code 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  
 11 / 23 / 2015  
**Transaction ID : AF2ABDF91398A4144872**  
 Amount of Each Receipt this Period  
 1000.00

**B. American Dental PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 14th St., NW  
 City Washington State DC Zip Code 20005-5603  
 FEC ID number of contributing federal political committee. **C C00000729**  
 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  
 11 / 11 / 2015  
**Transaction ID : AE5BA98C9DE584B2B97F**  
 Amount of Each Receipt this Period  
 1000.00

**C. National Telecommun Coop. Assoc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 Wilson Blvd Fl 10  
 City Arlington State VA Zip Code 22203-1839  
 FEC ID number of contributing federal political committee. **C C00004473**  
 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  
 10 / 10 / 2015  
**Transaction ID : A4865A1EDDDBC43C098A**  
 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 29 OF 83
	<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)  
**Lockheed Martin Employees' Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

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  
 11 / 21 / 2015

**Transaction ID : AA38930706BD24A25983**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address PO Box 365

City State Zip Code  
Washington DC 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  
6000.00

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

**Transaction ID : A502351C1ED6D482EB8E**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ROOFING CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address 6250 RIVER ROAD

City State Zip Code  
ROSEMONT IL 60018

FEC ID number of contributing federal political committee. **C C00107029**

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  
 12 / 08 / 2015

**Transaction ID : A8A4C7CF5DDB442BC9BF**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 83
	<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. Owner Operator Independent Drivers Assoc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1000

City Grain Valley State MO Zip Code 64029-1000

FEC ID number of contributing federal political committee. **C C00236778**

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  
 12 / 30 / 2015

**Transaction ID : AE1DA5B9082684580981**

Amount of Each Receipt this Period  
 4000.00

**B. AGC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Wilson Blvd Ste 400

City Arlington State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C C00082917**

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  
 12 / 31 / 2015

**Transaction ID : ABDEAEA5C38A542089B4**

Amount of Each Receipt this Period  
 1000.00

**C. AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)  
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  
 11 / 19 / 2015

**Transaction ID : A86306CF498A54F1DA12**

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 31 OF 83
	<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)  
**NFIB Safe Trust PAC**

Mailing Address 1201 F St NW Ste 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

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  
 12 / 21 / 2015

**Transaction ID : A172B6D4FDE4F46ECB98**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : A78D66073C5D24EEA9BF**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431361

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  
 12 / 16 / 2015

**Transaction ID : A93B4A7A100B94E54B64**

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 32 OF 83
	<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)  
**American Traffic Safety Services Association PAC**

Mailing Address 15 Riverside Parkway  
Suite 100

City Fredericksburg State VA Zip Code 22406-1077

FEC ID number of contributing federal political committee. **C** C00281717

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  
 11 / 06 / 2015

**Transaction ID : ABFEFF987441249D3BE3**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M Street NW

City Washington State DC Zip Code 20036-5803

FEC ID number of contributing federal political committee. **C** C00130773

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  
 12 / 16 / 2015

**Transaction ID : A2BD5B77CAC6A4CB2928**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**CEMEX INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 929 GESSNER RD., SUITE 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

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  
 12 / 21 / 2015

**Transaction ID : A1226075BA7644F49971**

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: (check only one)	PAGE 33 OF 83
	<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 ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 I STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : A47762628EFEE4FD3927**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

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  
 12 / 31 / 2015

**Transaction ID : A84A35E9827444345976**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00283135

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  
 12 / 16 / 2015

**Transaction ID : A05E4AF3E618641FEAC5**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 83
	<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)  
**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  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : ABFF8EC25224A4410924**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1301 K St NW Suite 800 West

City Washington State DC Zip Code 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  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : A4A214E06551448A183F**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 325 7th St. NW Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A98CE1194C5A346DF95C**

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 35 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Eye of the Tiger PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address PO Box 2485		<b>Transaction ID : ADE6BD1BB077D4337BF7</b>
City Springfield	State Zip Code VA 22152-0485	
FEC ID number of contributing federal political committee. C C00467431	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>B. Action Committee for Rural Electrification PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Mailing Address 4301 Wilson Blvd.		<b>Transaction ID : A21FFF50E9D7B45619B8</b>
City Arlington	State Zip Code VA 22203-1867	
FEC ID number of contributing federal political committee. C C00002972	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>C. The Boeing Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 1200 Wilson Blvd		<b>Transaction ID : A0F1734B4C79A425CA5A</b>
City Arlington	State Zip Code VA 22209-2300	
FEC ID number of contributing federal political committee. C C00142711	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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)  
**AT&T, Inc. Federal PAC**

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

City Washington State DC Zip Code 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  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : AC80EB2CDF4D942EA90C**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISE PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 912 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00414474**

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  
 12 / 16 / 2015

**Transaction ID : A71CD1ADA2B164BF2B6E**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address One Comcast Center  
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103-2838

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : A9AD848B21BA84AF4961**

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 37 OF 83
	<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)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave., NW  
Suite 500 W.

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A7F7A3712F6C0441780F**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00097568**

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  
 12 / 01 / 2015

**Transaction ID : A86216647F1854ECD940**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A558478F3F06D466582A**

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 38 OF 83
	<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)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

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  
 12 / 21 / 2015

**Transaction ID : AD8113A29070849A4899**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2300 Wilson Blvd Ste 400

City Arlington State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

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  
 12 / 21 / 2015

**Transaction ID : A439DB14FFBCE405782B**

Amount of Each Receipt this Period  
 1500.00

**C.** 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  
 11 / 23 / 2015

**Transaction ID : ABA33363FEA31461A96F**

Amount of Each Receipt this Period  
 2500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 83
	<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. Employees of Northrop Grumman Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Drive

City Falls Church      State VA      Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

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  
 12 / 08 / 2015

**Transaction ID : A1FAF3B5BA3BC485E98F**

Amount of Each Receipt this Period  
 1000.00

**B. Altria Group, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave., NW Suite 400

City Washington      State DC      Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00089136

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  
 12 / 21 / 2015

**Transaction ID : A1328B7F47FDD426C8CC**

Amount of Each Receipt this Period  
 2000.00

**C. Title Industry Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1828 L Street, NW Suite 705

City Washington      State DC      Zip Code 20036-5107

FEC ID number of contributing federal political committee. **C** C00012914

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  
 10 / 10 / 2015

**Transaction ID : A18F671B1DFA249ED822**

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 40 OF 83
	<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)  
**General Electric PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900

City Washington State DC Zip Code 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  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2015**

**Transaction ID : A5FCBDC8B0DCA4A44B0A**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**CON-WAY INC. POLITICAL ACTION COMMITTEE**

Mailing Address 2211 OLD EARHART ROAD  
SUITE 100

City ANN ARBOR State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C C00110759**

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  
**11 / 12 / 2015**

**Transaction ID : A4D4D5341270046A1907**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corporation Good Government Fund**

Mailing Address Three Commercial Place

City Norfolk State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C C00009282**

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  
**12 / 21 / 2015**

**Transaction ID : A57844807E655468DBE8**

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 41 OF 83  
(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)  
**U.S. TRAVEL ASSOCIATION PAC**

Mailing Address 1100 NEW YORK AVENUE  
SUITE 450W

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00457754**

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  
10 / 10 / 2015

**Transaction ID : AE8E0671495C04632BD8**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering PAC**

Mailing Address 1015 15th St. NW  
8th Floor

City State Zip Code  
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

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  
12 / 16 / 2015

**Transaction ID : A66ECD7D440534FA8AA1**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261-9911

FEC ID number of contributing federal political committee. **C C00140061**

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  
12 / 21 / 2015

**Transaction ID : A937822206CEA4E2EA5A**

Amount of Each Receipt this Period  
1500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 42 OF 83  
(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)  
**MESSER CONSTRUCTION CO PAC**

Mailing Address 5158 FISHWICK DRIVE

City State Zip Code  
CINCINNATI OH 45216

FEC ID number of contributing federal political committee. **C** C00435990

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  
12 / 08 / 2015

**Transaction ID : A6F6F95EE32B5430ABC7**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

67000.00

**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 43 OF 83			
	<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) <b>A. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 36.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	Transaction ID : <b>BF E45A1224278401B800</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	Transaction ID : <b>B26C439A633804364928</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 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 : <b>B2AE851BE957043218C1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	475.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 83		
	<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) <b>A. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 102.88 <b>Transaction ID : BB9D578E737DE4DA9A2E</b>
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>B. The Dunes Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 9000 N Ocean Blvd		Amount of Each Disbursement this Period 12356.88 <b>Transaction ID : B662DB75C56E646BA957</b>
City Myrtle Beach	State SC	
Zip Code 29572-4424	Purpose of Disbursement 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) <b>c. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : B07B311DB9DC64C09812</b>
City Washington	State DC	
Zip Code 20009-3414	Purpose of Disbursement Membership Dues	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12609.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 83			
	<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) <b>A. 7th Congressional District</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 3829 Pebble Rd.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : BBE60DB49888C48DDACD</b>
City Florence	State SC	
Zip Code 29501-8516	Purpose of Disbursement Event Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : BC94DC9F7EFDC480FA5B</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Software	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>c. Huckaby Davis Lisker</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 3506.87 <b>Transaction ID : B12656DD7BC0347F69CA</b>
City Alexandria	State VA	
Zip Code 22314-5404	Purpose of Disbursement Compliance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6906.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 83			
	<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) <b>A. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : B1E92767E504340EDA8C</b>
City Washington	State DC	
Zip Code 20009-3414	Purpose of Disbursement Membership Dues	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 219.47 <b>Transaction ID : BD6C4DDA1781E43998A4</b>
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>c. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 35.04 <b>Transaction ID : BB6E1654F1C894E0A8C0</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	354.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 83			
	<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) <b>A. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88 <b>Transaction ID : B1EFDA857BFA742C7B22</b>
City Myrtle Beach	State SC	
Zip Code 29572-0020	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>B. Mr. James Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address PO Box 6769		Amount of Each Disbursement this Period 425.08 <b>Transaction ID : B7F4EFEB79E164FA38D2</b>
City Myrtle Beach	State SC	
Zip Code 29572-0001	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>C. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 <b>Transaction ID : BE77E5C789BBE4E58981</b>
City Myrtle Beach	State SC	
Zip Code 29572-4337	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	863.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 83			
	<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) <b>A. Alex Eline</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015		
Mailing Address 7901 Beach Dr.			Amount of Each Disbursement this Period 207.95		
City Myrtle Beach	State SC	Zip Code 29572-4337	Transaction ID : B1149A963E13B4B12854		
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) <b>B. Terra Davis</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015		
Mailing Address PO Box 70098			Amount of Each Disbursement this Period 230.87		
City Myrtle Beach	State SC	Zip Code 29572-0020	Transaction ID : BCD6F8BE84ADD4056843		
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) <b>c. AccuChecks</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015		
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 102.88		
City Myrtle Beach	State SC	Zip Code 29577-3103	Transaction ID : BACAAA26D18BA461DB64		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	541.70
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 83			
	<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) <b>A. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 9950.00 <b>Transaction ID : B9904DE8EC9F34693BC2</b>
City Alexandria	State VA Zip Code 22314-5408	
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55 <b>Transaction ID : B3561E10A1B034BDCAA9</b>
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>C. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 <b>Transaction ID : B6B81FA45A9C1459A80D</b>
City Myrtle Beach	State SC Zip Code 29572-4337	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10190.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 83			
	<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) <b>A. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88 <b>Transaction ID : BD31CB6817C9E49A58CF</b>
City Myrtle Beach	State SC	
Zip Code 29572-0020		
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>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55 <b>Transaction ID : BA64FD753C4944D2A909</b>
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>c. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 102.86 <b>Transaction ID : B52EF6B8A96B745A495C</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	366.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 83			
	<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) <b>A. Huckaby Davis Lisker</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 3505.47 <b>Transaction ID : B071153BB579442579D6</b>
City Alexandria	State VA Zip Code 22314-5404	
Purpose of Disbursement Compliance Consulting		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Groundworks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 6004 Longleaf Dr		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : B5311B5C0F7EC41E6B28</b>
City Myrtle Beach	State SC Zip Code 29577-2239	
Purpose of Disbursement Event Catering/Site Rental		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 3708.95 <b>Transaction ID : B3F99A0E904964B678AC</b>
City Alexandria	State VA Zip Code 22314-5408	
Purpose of Disbursement Fundraising Consulting		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8264.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 83		
	<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) <b>A. AccuChecks</b>		Date of Disbursement
Mailing Address 605 19th Ave N		M M / D D / Y Y Y Y 12 / 04 / 2015
City	State	Zip Code
Myrtle Beach	SC	29577-3103
Purpose of Disbursement Payroll Service		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	32.55
Office Sought:	Disbursement For: 2016	<b>Transaction ID : BCDA1F4A173E849ACA5A</b>
<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) <b>B. AccuChecks</b>		Date of Disbursement
Mailing Address 605 19th Ave N		M M / D D / Y Y Y Y 12 / 04 / 2015
City	State	Zip Code
Myrtle Beach	SC	29577-3103
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	102.88
Office Sought:	Disbursement For: 2016	<b>Transaction ID : BD1F333D08B4D420B872</b>
<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) <b>c. Alex Eline</b>		Date of Disbursement
Mailing Address 7901 Beach Dr.		M M / D D / Y Y Y Y 12 / 04 / 2015
City	State	Zip Code
Myrtle Beach	SC	29572-4337
Purpose of Disbursement Salary		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	207.95
Office Sought:	Disbursement For: 2016	<b>Transaction ID : B6CD5445EF98F41D0860</b>
<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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 83			
	<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) <b>A. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87 <b>Transaction ID : BBED7FD9BE0884D88AA4</b>
City Myrtle Beach	State SC	
Zip Code 29572-0020	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>B. Member Lunch Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 1102 Longworth House Office Buildi		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : BEF04CD3CE586423DA71</b>
City Washington	State DC	
Zip Code 20510-0001	Purpose of Disbursement Event Tickets	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>c. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88 <b>Transaction ID : BC32D3AEF3B8F4F2580B</b>
City Myrtle Beach	State SC	
Zip Code 29572-0020	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1161.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 <b>Transaction ID : B0DD52A045EE24F9DA10</b>
City Myrtle Beach	State SC Zip Code 29572-4337	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 102.86 <b>Transaction ID : BA6401B92CDAC40968CB</b>
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		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55 <b>Transaction ID : B2CDEC77FD082438789B</b>
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		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 83			
	<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) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 119.25 <b>Transaction ID : B9C774C93898B4E68B78</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement CC Processing Fees	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>B. Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 218.20 <b>Transaction ID : B4A9A3601C43D4302989</b>
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement CC Processing Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 14143.97 <b>Transaction ID : B6A1831E3BA2D44DBA4A</b>
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Credit Card Payment--See Memos	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14481.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 83			
	<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) <b>A. US House of Representatives Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address Longworth Building			Amount of Each Disbursement this Period 2356.20	
City Washington	State DC	Zip Code 20515-0001	Transaction ID : B88CD6C51D89D43929B4	
Purpose of Disbursement Memorabilia		Candidate Name	[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:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Gillespies Peanuts</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 1901 East Carolina Ave			Amount of Each Disbursement this Period 712.97	
City Hartsville	State SC	Zip Code 29550-7434	Transaction ID : B5893EDB9F91B495697E	
Purpose of Disbursement Food/Beverage		Candidate Name	[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:		Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 258 Highway 17 N			Amount of Each Disbursement this Period 224.74	
City North Myrtle Beach	State SC	Zip Code 29582-2938	Transaction ID : B11A18BB0C999418F829	
Purpose of Disbursement Shipping/Postage		Candidate Name	[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:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 83			
	<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) <b>A. Marshalls</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1201 D South Hayes St.		Amount of Each Disbursement this Period 383.85
City Arlington	State VA	
Zip Code 22202-2700	Purpose of Disbursement Office Supplies	Transaction ID : BAF03712142E64A1D822
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 2247.28
City Lexington	State SC	
Zip Code 29072-8648	Purpose of Disbursement Printing	Transaction ID : BC29F21B0E6434239993
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. cool ideas marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1229 38th Ave N		Amount of Each Disbursement this Period 3270.51
City Myrtle Beach	State SC	
Zip Code 29577-1313	Purpose of Disbursement Printing	Transaction ID : B18095B7A45E946689E9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 83			
	<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) <b>A. Little Shop of Flowers</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2421 18th St NW			Amount of Each Disbursement this Period 53.70
City Washington	State DC	Zip Code 20009-2055	
Purpose of Disbursement Flowers		Category/ Type	Transaction ID : <b>BB19D83AEC500460FBE4</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) <b>B. La Belle Amie Vineyard</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1120 St Joseph Rd			Amount of Each Disbursement this Period 713.03
City Little River	State SC	Zip Code 29566-7303	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : <b>B372480C187AD4A74B70</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2512 Virginia Ave NW			Amount of Each Disbursement this Period 157.03
City Washington	State DC	Zip Code 20037-9997	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : <b>BC6640C61BB5145738C4</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 83			
	<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) <b>A. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 4000 E Sky Harbor Blvd			Amount of Each Disbursement this Period 434.20	
City Phoenix	State AZ	Zip Code 85034-3802	Transaction ID : <b>BCA1A1469BEB343A995F</b>  <b>[MEMO ITEM]</b>	
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) <b>B. TJ Maxx</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 1130 Seaboard St			Amount of Each Disbursement this Period 384.53	
City Myrtle Beach	State SC	Zip Code 29577-6517	Transaction ID : <b>BA434E1FEF46245AAABF</b>  <b>[MEMO ITEM]</b>	
Purpose of Disbursement Office Supplies		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>C. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 1516 2nd Ave N			Amount of Each Disbursement this Period 99.76	
City Seattle	State WA	Zip Code 98109-3171	Transaction ID : <b>B01DEA852450940D1B26</b>  <b>[MEMO ITEM]</b>	
Purpose of Disbursement Office Supplies		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 83			
	<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) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 111.13
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	
Candidate Name		Transaction ID : B6AD5B663BA864C82ACC
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Sea Captains House</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 47.72
City Myrtle Beach State SC Zip Code 29577-3046	Purpose of Disbursement Food/Beverage	
Candidate Name		Transaction ID : BC3889E89EB424B8CB8B
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Bagsandbowsonline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 236 Spring St., NW		Amount of Each Disbursement this Period 579.56
City Atlanta State GA Zip Code 30303-1004	Purpose of Disbursement Office Supplies	
Candidate Name		Transaction ID : B9336FD65705A45EC867
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:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 83			
	<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) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 45.29
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B0BC4BEA4DE5E4B31A89
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 6449		Amount of Each Disbursement this Period 637.40
City Chicago	State IL	
Zip Code 60680-6449	Purpose of Disbursement Travel	Transaction ID : B7865AEAD91B04648BE6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COST PLUS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period 519.37
City Bluffton	State SC	
Zip Code 29910-6638	Purpose of Disbursement Office Supplies	Transaction ID : BE5248ACC4AC5461882F
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 83			
	<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) <b>A. PNC Credit Card</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address One PNC Plaza			Amount of Each Disbursement this Period 428.07 <b>Transaction ID : BD2E53D3122FE48EE829</b>
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>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 4333 Amon Carter Blvd			Amount of Each Disbursement this Period 381.10 <b>Transaction ID : B37FC63E61B00457EB94</b> <b>[MEMO ITEM]</b>
City Fort Worth	State TX	Zip Code 76155-2605	
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) <b>C. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 258 Highway 17 N			Amount of Each Disbursement this Period 12.88 <b>Transaction ID : B2CC81B26E3414888BE0</b> <b>[MEMO ITEM]</b>
City North Myrtle Beach	State SC	Zip Code 29582-2938	
Purpose of Disbursement Shipping/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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	428.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 83			
	<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) <b>A. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 12978.34 <b>Transaction ID : B04E5ADD79311425997D</b>
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>B. Vonage Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 23 Main St		Amount of Each Disbursement this Period 19.84 <b>Transaction ID : BBE6D7750A3C3492697F</b> <b>[MEMO ITEM]</b>
City Holmdel	State NJ Zip Code 07733-2136	
Purpose of Disbursement Phone 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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 50.08 <b>Transaction ID : B7A0F4037D4554C7E8E0</b> <b>[MEMO ITEM]</b>
City Myrtle Beach	State SC Zip Code 29577-9733	
Purpose of Disbursement Phone 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12978.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 83			
	<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) <b>A. Bi-Lo</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address Store #116		Amount of Each Disbursement this Period 101.23
City Myrtle Beach	State SC	
Purpose of Disbursement Food/Beverage	Zip Code 29577	
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>B. Victor's Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 126 W Evans St		Amount of Each Disbursement this Period 5572.40
City Florence	State SC	
Purpose of Disbursement Food/Beverage	Zip Code 29501-3426	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bagsandbowsonline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 236 Spring St., NW		Amount of Each Disbursement this Period 368.44
City Atlanta	State GA	
Purpose of Disbursement Office Supplies	Zip Code 30303-1004	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 83			
	<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) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 60.05
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Transaction ID : B8AC0E78BEB6E4C298AE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SeaBlue Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 503 Hwy 17 N		Amount of Each Disbursement this Period 302.45
City North Myrtle Beach	State SC	
Zip Code 29582-2903	Purpose of Disbursement Food/Beverage	Transaction ID : B27FD9C1462654799B98
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COST PLUS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period 155.30
City Bluffton	State SC	
Zip Code 29910-6638	Purpose of Disbursement Office Supplies	Transaction ID : BB6D66C4BCF45412CBEB
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 83			
	<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) <b>A. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 1558.74
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : BEEF07213337D411ABB2
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) <b>B. Nance's Creekfront Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4883 US-17 BUS		Amount of Each Disbursement this Period 212.88
City Murrells Inlet	State SC Zip Code 29576	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : BEC1F50AE76A848A49B4
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) <b>C. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 258 Highway 17 N		Amount of Each Disbursement this Period 499.37
City North Myrtle Beach	State SC Zip Code 29582-2938	
Purpose of Disbursement Printing/Postage/Shipping	Candidate Name	Transaction ID : BBDEB320E124C40499EF
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]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 83			
	<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) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.16
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B248C38692B7C4AA5BFC
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 6322 S 3000 E Ste G20		Amount of Each Disbursement this Period 234.18
City Salt Lake City	State UT	
Zip Code 84121-6922	Purpose of Disbursement Travel	Transaction ID : B606AF7CE9D4A40359F2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bullfeathers</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 37.33
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	Transaction ID : BCC5A855E88A54E8DB76
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 83			
	<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) <b>A. Shutterfly</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 1000 Shutterfly Blvd		Amount of Each Disbursement this Period 443.20
City Fort Mill	State SC	
Zip Code 29708-5000	Purpose of Disbursement Printing	Transaction ID : <b>B559E252F9CC1485D9F2</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 944.30
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Transaction ID : <b>B8AB5E60E05BC44D08EE</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 7315 Wisconsin Ave. Ste. 703E		Amount of Each Disbursement this Period 1146.00
City Bethesda	State MD	
Zip Code 20814-3202	Purpose of Disbursement Event Tickets	Transaction ID : <b>B94E700D0CB60401294B</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 83			
	<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) <b>A. Sea Captains House</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address 3000 N Ocean Blvd			Amount of Each Disbursement this Period 47.61	
City Myrtle Beach	State SC	Zip Code 29577-3046	Transaction ID : B7D85DC2FABCE4C2E88C	
Purpose of Disbursement Food/Beverage		Candidate Name	[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:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Green's</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address 2850 N Kings Hwy			Amount of Each Disbursement this Period 468.84	
City Myrtle Beach	State SC	Zip Code 29577-3014	Transaction ID : BA79933C8D02A44A989F	
Purpose of Disbursement Food/Beverage		Candidate Name	[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:		Category/Type		

Full Name (Last, First, Middle Initial) <b>C. WESTIN</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address 777 St Clair Ave NE			Amount of Each Disbursement this Period 218.23	
City Cleveland	State OH	Zip Code 44114-1711	Transaction ID : B525F70BA8CBC41DF983	
Purpose of Disbursement Travel		Candidate Name	[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:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 83			
	<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) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period 404.90
City Washington	State DC	
Zip Code 20003-4311		Transaction ID : <b>BF184EB5D36A744E4AD2</b>
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 91.82
City Washington	State DC	
Zip Code 20037-9997		Transaction ID : <b>B352BDA9A1818485796D</b>
Purpose of Disbursement Postage/Shipping	Category/Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address PO Box 70700		Amount of Each Disbursement this Period 2011.79
City Myrtle Beach	State SC	
Zip Code 29572-0030		Transaction ID : <b>B683B250F48F84967B60</b>
Purpose of Disbursement Event Expense Reimbursement--See Memos	Category/Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2011.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 83			
	<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) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address Dept. 980 PO Box 20980		Amount of Each Disbursement this Period 32.00
City Atlanta	State GA	
Zip Code 30320-0980	Purpose of Disbursement Travel	Transaction ID : <b>B7FAAF5EAD463487BA15</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Dunes Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 9000 N Ocean Blvd		Amount of Each Disbursement this Period 981.21
City Myrtle Beach	State SC	
Zip Code 29572-4424	Purpose of Disbursement Event Catering	Transaction ID : <b>B236BEFF14DF949FA897</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bummz Beach Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 2002 N Ocean Blvd		Amount of Each Disbursement this Period 228.65
City Myrtle Beach	State SC	
Zip Code 29577-3222	Purpose of Disbursement Food/Beverage	Transaction ID : <b>BB1093DF3E67F4295B7F</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 83			
	<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) <b>A. Costco Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address Store #338		Amount of Each Disbursement this Period 373.63
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Food/Beverage	[MEMO ITEM]
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>B. Deb Dawson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 917 Castlewood Dr.		Amount of Each Disbursement this Period 300.00
City Conway	State SC	
Zip Code 29526-9185	Purpose of Disbursement Event Catering	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 2965 West Corporate Lakes Blvd		Amount of Each Disbursement this Period 3757.37
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment--See Memo	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3757.37
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 83			
	<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**

**A. Croissants**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 Robert M Grissom Pkwy

City Myrtle Beach State SC Zip Code 29577-6412

Purpose of Disbursement Event Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 01 / 2015

Amount of Each Disbursement this Period: 3757.37

Transaction ID : BFEDEF481B95A485589A

[MEMO ITEM]

**B. PNC Credit Card**

Full Name (Last, First, Middle Initial)

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement Credit Card Payment--See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2015

Amount of Each Disbursement this Period: 10273.59

Transaction ID : B091E6B31EECF42EDA1D

**C. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address 551 Seaboard St

City Myrtle Beach State SC Zip Code 29577-9733

Purpose of Disbursement Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2015

Amount of Each Disbursement this Period: 50.08

Transaction ID : B9FD9BBCEBAE149CFA45

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 10273.59

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 83			
	<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) <b>A. Bagsandbowsonline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 236 Spring St., NW		Amount of Each Disbursement this Period -115.88
City Atlanta	State GA Zip Code 30303-1004	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : B76707DAB51F640B3930
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) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 236.20
City Fort Worth	State TX Zip Code 76155-2605	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : BA968ED19D59743F6A0F
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) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 74.51
City Myrtle Beach	State SC Zip Code 29577-3040	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : B702A94A86A86451DAF6
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]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 83			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 400.75
City Washington State DC Zip Code 20037-9997	Purpose of Disbursement Postage/Shipping	
Candidate Name	Category/Type	Transaction ID : <b>BFBD2DDC08EFA413C808</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Vonage Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 23 Main St		Amount of Each Disbursement this Period 19.84
City Holmdel State NJ Zip Code 07733-2136	Purpose of Disbursement Phone Service	
Candidate Name	Category/Type	Transaction ID : <b>B9CFE59AA26224132BBB</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 1527.26
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : <b>BC2BA290A3CEE4FBC90F</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 83			
	<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) <b>A. Pee Dee Area Council BSA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 702 S Coit St		Amount of Each Disbursement this Period 1000.00
City Florence	State SC	
Zip Code 29501-5113	Purpose of Disbursement Event Tickets	Transaction ID : B0DCFFC8948BF4D228CC
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Host</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 209.45
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Online Service	Transaction ID : BF69E19D1CB0E455F917
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TJ Maxx</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1130 Seaboard St		Amount of Each Disbursement this Period 464.54
City Myrtle Beach	State SC	
Zip Code 29577-6517	Purpose of Disbursement Office Supplies	Transaction ID : B9CF125CB0EE04D7EAF6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 83	
	<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) <b>A. JC Penney Corporate</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 6501 Legacy Dr		Amount of Each Disbursement this Period 202.94
City Plano	State TX	
Zip Code 75024-3612	Purpose of Disbursement Office Supplies	Transaction ID : BC2DCE0DD2B734673B80
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>B. COST PLUS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period -146.52
City Bluffton	State SC	
Zip Code 29910-6638	Purpose of Disbursement Office Supplies	Transaction ID : BED3C538D6BE84DF9915
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>c. Marshalls</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1201 D South Hayes St.		Amount of Each Disbursement this Period 378.00
City Arlington	State VA	
Zip Code 22202-2700	Purpose of Disbursement Office Supplies	Transaction ID : BA1206618CD9F480B978
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 83			
	<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) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 35.39
City San Francisco	State CA	
Zip Code 94105-1611		[MEMO ITEM]
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) <b>B. Spirit Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 352.36
City Miramar	State FL	
Zip Code 33025-6542		[MEMO ITEM]
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) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 466.10
City Phoenix	State AZ	
Zip Code 85034-3802		[MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 83			
	<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) <b>A. Rambler On</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 2101 East St. Elmo Road Building 3			Amount of Each Disbursement this Period 3999.00
City Austin	State TX	Zip Code 78744-1860	
Purpose of Disbursement Printing		Category/ Type	<b>Transaction ID : B714A3D42DEFB4AF4A7D</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1105 Seaboard St			Amount of Each Disbursement this Period 198.51
City Myrtle Beach	State SC	Zip Code 29577-6527	
Purpose of Disbursement Office Supplies		Category/ Type	<b>Transaction ID : BE5BA433089D845B39E0</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. PNC Credit Card</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address One PNC Plaza			Amount of Each Disbursement this Period 2252.97
City Pittsburgh	State PA	Zip Code 15222	
Purpose of Disbursement Credit Card Payment--See Memos		Category/ Type	<b>Transaction ID : BBD34B4E2E3E84828BE0</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2252.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 83			
	<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) <b>A. Magnolias</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2605 N Ocean Blvd		Amount of Each Disbursement this Period 74.45
City Myrtle Beach	State SC	
Zip Code 29577-3238	Purpose of Disbursement Food/Beverage	Transaction ID : B9E97C610E8714D7AAFB
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SC Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 950 Taylor St		Amount of Each Disbursement this Period 390.00
City Columbia	State SC	
Zip Code 29201-2769	Purpose of Disbursement Membership Dues	Transaction ID : BA2EB562EEC5B414296E
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. YOUNG PLANTATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2005 Babar Lane		Amount of Each Disbursement this Period 233.60
City Florence	State SC	
Zip Code 29501	Purpose of Disbursement Food/Beverage	Transaction ID : B4323EA9783464266A20
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 83			
	<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) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 64.74
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Transaction ID : B56F8D9CAACC7436A8F6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Host</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 253.30
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Online Service	Transaction ID : B238EAA2A225243EEAA9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 51.51
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : BD1F67EF383044D7299A
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 83		
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 49.00
City Washington State DC Zip Code 20037-9997	Purpose of Disbursement Postage/Shipping	
Candidate Name	Category/Type	Transaction ID : <b>BF2479CCBA9F14EBC882</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 938.92
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : <b>B492017B24EF749D48A1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	88605.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 83			
	<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) <b>A. BILL SHUSTER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address PO BOX 27		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : B570B9911062641F0BBD</b>
City HOLLIDAYSBURGH	State PA	
Zip Code 16648		Category/ Type
Purpose of Disbursement Political Contribution		
Candidate Name <b>Rep. Bill F. Shuster</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 09	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00