

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

TOM RICE FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 70098

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29572-0020

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

SC

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM RICE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	33999.70	34999.70
(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)).....	33999.70	34999.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42574.82	110437.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	439.00	1060.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42135.82	109377.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	301499.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15400.00	16400.00
(ii) Unitemized.....	2099.70	2099.70
(iii) TOTAL of contributions from individuals ▶	17499.70	18499.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16500.00	16500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	33999.70	34999.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	439.00	1060.28
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34438.70	36059.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42574.82	110437.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	24000.00	24000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	24000.00	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	44600.00	44600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	111174.82	179037.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	378235.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34438.70
25. SUBTOTAL (add Line 23 and Line 24).....	412674.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111174.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	301499.80

**SCHEDULE A (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 56
	<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)
Bruce Bailey

Mailing Address 73 Caretaker Ln

City Pawleys Island State SC Zip Code 29585-5778

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

Name of Employer Tidelands Health Occupation President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A853F805D7C2F41BD92C

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. James E. Jerow

Mailing Address 1007 Heritage Drive

City Pawleys Island State SC Zip Code 29585-6717

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A55B620B51B274C898C1

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy M Tilley

Mailing Address PO Box 857

City Georgetown State SC Zip Code 29442-0857

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

Name of Employer Envirosep Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AD20CD7BEB2D54FF4BA7

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 6 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Bill H. Stern

Mailing Address 2134 Bermuda Hills Road

City Columbia State SC Zip Code 29223-6733

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

Name of Employer Stern & Stern Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A24A0CDA331E441839F1

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Albert Gossett

Mailing Address 120 Sorrento Drive

City Greenville State SC Zip Code 29609-3076

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

Name of Employer Gossett Concrete Pipe 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
 02 / 25 / 2015

Transaction ID : A64F24E81BADE473E8E1

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 1311

City Murrells Inlet State SC Zip Code 29576-1311

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

Name of Employer SAFMC Occupation SC Obligatory Representative

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A97A09EC0B27747F485C

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<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. Rose M. Tilley

Mailing Address 86 Ballard Pl

City State Zip Code
Georgetown SC 29440-6856

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

Name of Employer Occupation
Envirosep HR Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : ACAC51F403F3F4EB1A30

Amount of Each Receipt this Period
2700.00

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

Mailing Address 1932 Heritage Loop

City State Zip Code
Myrtle Beach SC 29577-1587

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

Name of Employer Occupation
Lenox Roofing Solutions 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
01 / 26 / 2015

Transaction ID : A53326017424B4A8280B

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Benton Dubose

Mailing Address 152 Summerwood Ln
Debo

City State Zip Code
Georgetown SC 29440-7025

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

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : AFBC44294316040EE89E

Amount of Each Receipt this Period
250.00

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 8 OF 56
	<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)
Timothy J. Connolly

Mailing Address 317 Doral Dr

City State Zip Code
Pawleys Island SC 29585-6786

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

Name of Employer Occupation
Connolly Coastal Capital Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : AE911AE84EB8C4846936

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Charles Ray

Mailing Address PO Box 416

City State Zip Code
Conway SC 29528-0416

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

Name of Employer Occupation
Ray Realty Inc Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : AEA4F2B0B83D7439D8DD

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Marchant

Mailing Address 379 Golden Bear Drive, #J-2

City State Zip Code
Pawleys Island SC 29585-7379

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : A5F0D57C38CC3479C991

Amount of Each Receipt this Period
250.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 9 OF 56
(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)
Carol Connolly

Mailing Address 317 Doral Dr

City Pawleys Island State SC Zip Code 29585-6786

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AF903B4BEF06548E194F

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

2500.00

15400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<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 GOVERNMENT GUARANTEED LENDERS INC PAC

Mailing Address **POST OFFICE BOX 332**

City **STILLWATER** State **OK** Zip Code **74076**

FEC ID number of contributing federal political committee. **C C00241000**

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
02 / 25 / 2015

Transaction ID : AE25D856599F541B5A3B

Amount of Each Receipt this Period

1000.00

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

Mailing Address **Post Office Box 18254**

City **Washington** State **DC** Zip Code **20036-8254**

FEC ID number of contributing federal political committee. **C C00280222**

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
03 / 31 / 2015

Transaction ID : A82B1201BA64049AD93E

Amount of Each Receipt this Period

2500.00

C. 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

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

Transaction ID : A20CECBAD04DC4A9D88B

Amount of Each Receipt this Period

2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<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. Aircraft Owners and Pilots Association PAC

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

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701-4756

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : ABEE55A3D6DE34E1892A

Amount of Each Receipt this Period
 1000.00

B. American Council of Engineering PAC

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

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

Transaction ID : A97C9829772F14DC8A80

Amount of Each Receipt this Period
 1000.00

C. Duke Energy Corporation PAC

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

Mailing Address 550 S. Tryon Street

City State Zip Code
Charlotte NC 28202-4200

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A738BBE21FF6D47FBA5C

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<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 CONCRETE PIPE ASSOCIATION PAC

Mailing Address 8445 Freeport Parkway

City Irving State TX Zip Code 75063-2595

FEC ID number of contributing federal political committee. **C** C00425686

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AEA4EF769F1134C098B7

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification PAC

Mailing Address 4301 Wilson Blvd.

City Arlington State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AC18A48A768D946FA8FE

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman Corporation PAC

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
 03 / 31 / 2015

Transaction ID : ACAC49EC5A1254C56B84

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<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)
Nelson Mullins Riley & Scarborough PAC

Mailing Address 1320 Main St., Fl. 17

City Columbia	State SC	Zip Code 29201-3268
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00278895

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : ADC17AA219AB44B7F9D4

Amount of Each Receipt this Period
2000.00

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

Mailing Address I-20 at Alpine Rd.

City Columbia	State SC	Zip Code 29219-0001
------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : A40198FADE0A745C8BA7

Amount of Each Receipt this Period
1000.00

C. 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
1000.00

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

Transaction ID : A580B1BBC4D524B8CA50

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 14 OF 56
	<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

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

Transaction ID : A3F878BBD2656486B8B6

Amount of Each Receipt this Period
 500.00

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).....

500.00

16500.00

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance

Mailing Address PO Box 8090

City Wausau State WI Zip Code 54402-8090

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
439.00

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

Transaction ID : A9F2FC3E095A34B5FA62

Amount of Each Receipt this Period
439.00

Vendor Refund of Overpayment

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).....

439.00

439.00

**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 16 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 342.20 Transaction ID : BCE8C2F32963F4406801
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 6.78 Transaction ID : BB2A0DC6B9BBA4C829A9
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	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) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.90 Transaction ID : BA3E06BD45A2647C2865
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:		

SUBTOTAL of Disbursements This Page (optional).....	411.88
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 17 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Laurence Bellanger		Date of Disbursement MM / DD / YYYY 01 / 06 / 2015
Mailing Address 5863 Honeysuckle Ln		Amount of Each Disbursement this Period 3000.00 Transaction ID : BE4093E8CDE9B44958AA
City Myrtle Beach	State SC	
Zip Code 29588-5224	Purpose of Disbursement Grassroots/Signage	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. Alex Eline		Date of Disbursement MM / DD / YYYY 01 / 06 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : BA092C0B0B62A4727B07
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:	

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement MM / DD / YYYY 01 / 06 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00 Transaction ID : B04E4ED035B314624ABB
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	5607.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	Transaction ID : B9CE7FC67B17F41BCBCC
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Big River Breweries		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 900 f St., NW		Amount of Each Disbursement this Period 305.93
City Washington	State DC	
Zip Code 20004-1404	Purpose of Disbursement Catering/Site Rental	Transaction ID : B554DEB58354944E996C
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US House of Representatives Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 286.00
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Office Supplies	Transaction ID : B71E3101EBF4540C2878
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	621.97
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 19 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 Transaction ID : B90CA150E62024007B57
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.42 Transaction ID : BC28E79A385DF4F26BC6
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 8.36 Transaction ID : BA6DE61D8692D40E1A73
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	217.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.56 Transaction ID : B7F6F726A16A14FF99D7
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 10.81 Transaction ID : BEC4C41A7233B4188839
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 52.30 Transaction ID : B5B5E066F129A44C3909
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	74.67
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 22 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 29.15 Transaction ID : BA78F0C7E5979408AA98
City Myrtle Beach	State SC Zip Code 29577-3040	
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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 424.70 Transaction ID : B6FA27064E61B489E912
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 346.70 Transaction ID : B419C86768249403DB43
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	800.55
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 Transaction ID : B6D85B63ADA4A4A46B43
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 Transaction ID : B6B192D9446084022A9A
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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) c. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 150.00 Transaction ID : B5B282C6F5D4C4F628E1
City San Francisco	State CA Zip Code 94105-1813	
Purpose of Disbursement Software	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 12.04 Transaction ID : B973CAE2929AA4912A26
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.82 Transaction ID : B850F50B863D941BB955
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.89 Transaction ID : B3BF18D5909404DBCA99
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:		

SUBTOTAL of Disbursements This Page (optional).....	86.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : BF111D8DC12F64A858FE
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. WeRPolitics, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 733 5th St., Ste. 220		Amount of Each Disbursement this Period 5500.00 Transaction ID : BC6E9850982E44747A6B
City Washington	State DC	
Purpose of Disbursement Media Production		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04 Transaction ID : B09855DD154E54DB2B3C
City Myrtle Beach	State SC	
Purpose of Disbursement Payroll Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5738.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 12.26 Transaction ID : B74517739E8134BA18D5
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Uber			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 14.05 Transaction ID : B05B7CF19F1714FAFA3C
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Bright and Beautiful			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 9902B N. Kings Hwy			Amount of Each Disbursement this Period 214.00 Transaction ID : BD0F96026D35A478CA0A
City Myrtle Beach	State SC	Zip Code 29572-4049	
Purpose of Disbursement Event-Flowers		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	240.31
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 27 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 15.58 Transaction ID : BBB8DBAD301F747AF AE6
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bright and Beautiful		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 9902B N. Kings Hwy		Amount of Each Disbursement this Period 107.00 Transaction ID : B4AB66D9B7B8D405DADA
City Myrtle Beach State SC Zip Code 29572-4049	Purpose of Disbursement Event-FLowers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 466.76 Transaction ID : B1CBFCA0A1173476C8EE
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering/Site Rental	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	589.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 627.02 Transaction ID : B4C3AFE20EC774813B36
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement 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. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 63.96 Transaction ID : B2AA642C592854E11AED
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 192.00 Transaction ID : BB02E485DE3C647EAA70
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	882.98
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 29 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.33 Transaction ID : BE8493A21426E43B992C
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 60.00 Transaction ID : B645EC524DB85447F8BD
City Menlo Park State CA Zip Code 94025-1452	Purpose of Disbursement Web Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 5.82 Transaction ID : B1F359374E67540C984B
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75.15
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 30 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 207.64 Transaction ID : B60B31E94677D4B888B0
City Florence	State SC	
Zip Code 29501-0000	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Harrys Reserve		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 909 New Jersey Ave, SE		Amount of Each Disbursement this Period 197.04 Transaction ID : B5AD2F84BD1994D26BC1
City Washington	State DC	
Zip Code 20003-3382	Purpose of Disbursement Catering/Site Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 39.20 Transaction ID : B2FC75EC2DFA44F99ADA
City Myrtle Beach	State SC	
Zip Code 29577-3978	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	443.88
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 31 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : B9C157B572CD54225B96
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:		

Full Name (Last, First, Middle Initial) B. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 58.69 Transaction ID : B9B4DAF4DE2444E5A92D
City Florence	State SC Zip Code 29501-0000	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.90 Transaction ID : B14FF87E96DCE4B6D9FF
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:		

SUBTOTAL of Disbursements This Page (optional).....	329.54
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 32 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. AccuChecks		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		06		2015
M M	/	D D	/	Y Y Y Y								
02		06		2015								
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29577-3103	<table border="1"> <tr> <td>2000</td> <td>.</td> <td>00</td> </tr> <tr> <td colspan="3">30.04</td> </tr> </table>	2000	.	00	30.04						
2000	.	00										
30.04												
Purpose of Disbursement	Category/Type	Transaction ID : B64261F2A6BAC4501BD8										
Payroll Service												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Winfrey & Company		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		09		2015
M M	/	D D	/	Y Y Y Y								
02		09		2015								
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period										
City	State Zip Code											
Alexandria	VA 22314-5408	<table border="1"> <tr> <td>2000</td> <td>.</td> <td>00</td> </tr> <tr> <td colspan="3">2000.00</td> </tr> </table>	2000	.	00	2000.00						
2000	.	00										
2000.00												
Purpose of Disbursement	Category/Type	Transaction ID : BF7448455594E499F89B										
Fundraising Consulting												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Exxon Mobile		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		09		2015
M M	/	D D	/	Y Y Y Y								
02		09		2015								
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period										
City	State Zip Code											
Garden City	SC 29576	<table border="1"> <tr> <td>40</td> <td>.</td> <td>22</td> </tr> <tr> <td colspan="3">40.22</td> </tr> </table>	40	.	22	40.22						
40	.	22										
40.22												
Purpose of Disbursement	Category/Type	Transaction ID : B8647B83FE960422AB5B										
Travel												
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2070</td> <td>.</td> <td>26</td> </tr> <tr> <td colspan="3">2070.26</td> </tr> </table>	2070	.	26	2070.26		
2070	.	26					
2070.26							
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td> </td> <td>.</td> <td> </td> </tr> <tr> <td colspan="3"> </td> </tr> </table>		.				
	.						

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 3115.98 Transaction ID : BE3F48949535547A7883
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 63.81 Transaction ID : B0BA2107BDCA54A01837
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 3036.37 Transaction ID : B1CA1314917494A19A48
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Direct Mail	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3115.98
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 34 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ritz Carlton-Sarasota		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 1111 Ritz Carlton Dr.		Amount of Each Disbursement this Period 347.71 Transaction ID : B9544AAD9C6D746AE89E
City Sarasota	State FL	
Zip Code 34236-5594	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. Rayburn Cafeteria		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 33.40 Transaction ID : B66949CFCE6C34EC4B55
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Vertical Response		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 150.00 Transaction ID : B41DDB32602994D9D93B
City San Francisco	State CA	
Zip Code 94105-1813	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	531.11
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 35 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 400 First St., SE		Amount of Each Disbursement this Period 190.82 Transaction ID : B8011F7D33CC943CCA07
City Washington	State DC	
Zip Code 20003-1826	Purpose of Disbursement 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. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : B11D7FF2110B744D48F0
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:	

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.89 Transaction ID : BD1E789BBE35E4644A64
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:	

SUBTOTAL of Disbursements This Page (optional).....	461.67
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 36 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. AccuChecks		M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Payroll Service	Category/Type	
Candidate Name	Transaction ID : BDC9403D5C5FE4090A5C	
Office Sought: <input type="checkbox"/> House <input 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)		Date of Disbursement
B. Uber		M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : BCCB6050BA0F646D39D8	
Office Sought: <input type="checkbox"/> House <input 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)		Date of Disbursement
c. Uber		M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : B7967441EAEA54AAFA65	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	54.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 19.38 Transaction ID : BFA74170C131C4D29860
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 185.90 Transaction ID : BAE2FA265B0594F828F6
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Catering/Site Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 1238.92 Transaction ID : BFA4A61F06F5A46E8ACD
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Catering/Site Rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1444.20
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 38 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. La Chaumiere		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 2813 M St., NW		Amount of Each Disbursement this Period 339.40 Transaction ID : BD2E6267E1E7B4A9B9D3
City Washington	State DC Zip Code 20007-3712	
Purpose of Disbursement 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. Huckaby Davis Lisker		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 3509.18 Transaction ID : B61DE889C5CF94B9FB2D
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:		

Full Name (Last, First, Middle Initial) c. Rayburn Cafeteria		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 11.90 Transaction ID : B005E7E883390417186A
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3860.48
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 39 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 26.70 Transaction ID : B5675D4B294C44218B6B
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 25.09 Transaction ID : B3C097C6FEEA144418FE
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 105.38 Transaction ID : BBF9F6AC789814157981
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Cell Phone	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	157.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 21.10 Transaction ID : B95FCFF4AFC0F4120915
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 46.75 Transaction ID : BB260607AFA024420B39
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 20.61 Transaction ID : B4506A42114B647D497F
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	88.46
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 41 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 44.10 Transaction ID : B549148B0705F4EC1A83
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 29.14 Transaction ID : B135F736D57844451B9E
City Washington	State DC Zip Code 20003-1819	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 58.17 Transaction ID : B33CF237892A54172841
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	131.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 50.85 Transaction ID : BBE9F276E0CCB448EA39
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : B10032DC41DA042A8836
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:		

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04 Transaction ID : B11E55572C3034981B1B
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:		

SUBTOTAL of Disbursements This Page (optional).....	288.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.90 Transaction ID : BAC79FA4DF7D74FE3AD8
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. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 2035.00 Transaction ID : B86A93E0569884DA5871
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) C. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 67.70 Transaction ID : B2A423B78DD8841DDB4B
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement List Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2165.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aristotle			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015	
Mailing Address 205 Pennsylvania Ave SE			Amount of Each Disbursement this Period 82.26	
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B644E5A4068674498870	
Purpose of Disbursement List 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. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 505 N Kings Hwy			Amount of Each Disbursement this Period 5.49	
City Myrtle Beach	State SC	Zip Code 29577-3978	Transaction ID : B52F88FBB3FD54C70AE4	
Purpose of Disbursement Postage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015	
Mailing Address 505 N Kings Hwy			Amount of Each Disbursement this Period 156.00	
City Myrtle Beach	State SC	Zip Code 29577-3978	Transaction ID : BAB3740EADAAAF4C73A0C	
Purpose of Disbursement Postage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	243.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 622.20 Transaction ID : B81D0491898E64429B30
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 150.00 Transaction ID : BB44A6D0F1E99474CB10
City San Francisco	State CA Zip Code 94105-1813	
Purpose of Disbursement Software	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) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 492.24 Transaction ID : B84E71D9F629A43A882E
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1264.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 2707.52 Transaction ID : BF57114F16B004ECDAC5
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 128.90 Transaction ID : B37E1B75480D84CA8924
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00 Transaction ID : B7E9DB48B7ABA45A6869
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2707.52
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 47 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : B64AF8D06E9EA4842B96
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:	

Full Name (Last, First, Middle Initial) B. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 33.96 Transaction ID : BD86D6F00384442288ED
City Florence	State SC	
Zip Code 29501-0000	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.89 Transaction ID : B6CCA206834F4409681F
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:	

SUBTOTAL of Disbursements This Page (optional).....	304.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. AccuChecks		M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577-3103
Purpose of Disbursement	Category/ Type	Transaction ID : B4D37F5C66B8E4F41938
Payroll Service		30.04
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)		Date of Disbursement
B. Uber		M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period
City	State	Zip Code
San Francisco	CA	94105-1611
Purpose of Disbursement	Category/ Type	Transaction ID : BE60855B4F64740F39F7
Travel		7.83
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)		Date of Disbursement
C. US Airways		M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period
City	State	Zip Code
Phoenix	AZ	85034-3802
Purpose of Disbursement	Category/ Type	Transaction ID : BFABCC6657F924F3D886
Travel		694.20
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:		

SUBTOTAL of Disbursements This Page (optional).....	732.07
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 49 OF 56			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.19 Transaction ID : B45FD872DDE5E46FE833
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 694.20 Transaction ID : BC7DC0544107D4B6E9CF
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 12.63 Transaction ID : BFD9D988A04FD4610B74
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	716.02
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 50 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 25.00 Transaction ID : B823E41E3F2C3406DA65
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 35.30 Transaction ID : B03BB0807C1E0410CB3E
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 498.00 Transaction ID : B43E0F1EA920B4BF4A2D
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	558.30
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 51 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 7.83 Transaction ID : B4C420742FBCB4384975
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US House of Representatives Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address Longworth Building		Amount of Each Disbursement this Period 438.90 Transaction ID : B1EDA208CC02A43A7BC7
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Donor Gifts	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 5.05 Transaction ID : B7E8F2C8358D34A47818
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	451.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 5.75 Transaction ID : BA0CC0267A87F446A9B4
City Myrtle Beach	State SC	
Zip Code 29577-3978	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 205.40 Transaction ID : BD4E6C48B1DA74428BE0
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement List Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 78.97 Transaction ID : B7FECC6998EB0483ABC7
City Myrtle Beach	State SC	
Zip Code 29577-3040	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:	

SUBTOTAL of Disbursements This Page (optional).....	290.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 515.00 Transaction ID : BA274B1EF279E493ABC0
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Reimbursement-See Memo	Category/ Type
Candidate Name Tom Rice	Office Sought: <input type="checkbox"/> House <input 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. Congressional Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 515.00 Transaction ID : BE2F620D57A0B451DB58 [MEMO ITEM]
City Washington	State DC	
Zip Code 20009-3414	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	515.00
TOTAL This Period (last page this line number only).....	39226.12

**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 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Rice		Date of Disbursement MM / DD / YYYY 01 / 07 / 2015
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 24000.00 Transaction ID : B65BC1E4A1CCD4607B5E
City Myrtle Beach	State SC Zip Code 29577-2541	
Purpose of Disbursement Loan Repayment: Loan Repayment		Category/ Type
Candidate Name Tom Rice		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2012	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	24000.00
TOTAL This Period (last page this line number only).....	24000.00

**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 55 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT RANDAL WALLACE		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 6506-C WILDWOOD TRAIL		Amount of Each Disbursement this Period 1000.00 Transaction ID : BEDE75FC5FF83471390A
City MYRTLE BEACH State SC Zip Code 29572	Purpose of Disbursement Primary Debt Contribution	
Candidate Name Randal Wallace	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 07		

Full Name (Last, First, Middle Initial) B. SECURITY THROUGH STRENGTH		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address P.O. Box 2732		Amount of Each Disbursement this Period 1000.00 Transaction ID : BC45A2D00E05D4774B07
City Columbia State SC Zip Code 29202-2732	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

Full Name (Last, First, Middle Initial) c. National Republican Congressional Cmte.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 42500.00 Transaction ID : BF0702046CB7A4D5AB21
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Transfer	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	44500.00
TOTAL This Period (last page this line number only).....	44500.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C1955110F2BCF4ACF973

TOM RICE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Tom Rice

Primary

General

Other (specify) ▼

Runoff2012

Mailing Address

5100 N Ocean Blvd

City

State

ZIP Code

Myrtle Beach

SC

29577-2541

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 19 / 2012

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.