

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) 1113 48th Ave., N. Suite 117 MYRTLE BEACH SC 29577

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C C00506048

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT SC 07

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 06 / 12 / 2012 in the State of SC

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

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

Election on 06 / 12 / 2012 in the State of SC

5. Covering Period 04 / 01 / 2012 through 05 / 23 / 2012

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 Collins Wakefield

Signature of Treasurer Collins Wakefield [Electronically Filed] Date

05 / 30 / 2012

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

Table with 7 columns and 1 row for Office Use Only

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))....	67602.43	429118.20
(b) Total Contribution Refunds (from Line 20(d))	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67602.43	427618.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	209358.35	324193.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	57.31	977.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	209301.04	323215.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	150922.36	
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).....	50000.00	

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).....	58236.31	399713.20
(ii) Unitemized.....	8866.12	20905.00
(iii) TOTAL of contributions from individuals ▶	67102.43	420618.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	8500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	67602.43	429118.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	57.31	977.82
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)..... ▶	67659.74	480096.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	209358.35	324193.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS	0.00	3480.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	209358.35	329173.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	292620.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67659.74
25. SUBTOTAL (add Line 23 and Line 24).....	360280.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	209358.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	150922.36

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James L. Anderson

Mailing Address 2512 Edgefield Rd.

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

Name of Employer Charles Ingram, LBR	Occupation Manager
---	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11AI.5892

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. James W. Apple

Mailing Address 4032 Lucerne Drive

City Huntsville	State AL	Zip Code 35802
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mr. Frank Avent

Mailing Address 3137 Drake Shore Dr.

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

Name of Employer Pepsi Cola of Florence, LLC	Occupation Manager
---	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
250.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) Mr. J. O. Baldwin III		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2012	
Mailing Address P.O. Box 190		Transaction ID : SA11AI.5845	
City N. Myrtle Beach	State SC	Zip Code 29597	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Baldwin Construction	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) Mr. JO Baldwin Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2012	
Mailing Address P.O. Box 190		Transaction ID : SA11AI.5847	
City N. Myrtle Beach	State SC	Zip Code 29597	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Baldwin Construction	Occupation Contractor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Mr. Jeff Bass		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2012	
Mailing Address 1281 Indian Mound Trail		Transaction ID : SA11AI.5710	
City Vero Beach	State FL	Zip Code 32963	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Graves Brothers Company	Occupation CEO		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

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

FOR LINE NUMBER: PAGE 7 OF 89
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. H. Wayne Beam

Mailing Address 902 Emanon St.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Beam & Associates Enviromental Services

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Warren O. Beckham

Mailing Address P.O. Box 7522

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Beckham Management, Inc. Management Services

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. G. Scott Bellamy

Mailing Address 1206 Third Ave. Suite A

City State Zip Code
Conway SC 29526

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

Name of Employer Occupation
Self Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. R. Paul Benik Jr.

Mailing Address 628 Chestnut Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Arcadian Risk Management Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert M. Bennett Jr.

Mailing Address 219 Third Street

City Cheraw State SC Zip Code 29520

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

Name of Employer Bennett Motors Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period
750.00

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

Mailing Address 6386 Maple Wild Rd.

City Nichols State SC Zip Code 29581

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Frank V. Boulineau III

Mailing Address P.O. Box 3190

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Boulineaus Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
437.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period
250.00

In-kind - Event Catering

B. Full Name (Last, First, Middle Initial)
Mr. Frank V. Boulineau III

Mailing Address P.O. Box 3190

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Boulineaus Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
537.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.5781

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Gerald V. Boyles

Mailing Address 9202 Kings Rd.

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.5740

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Saunders M. Bridges Jr.

Mailing Address 715 Brockington Lane

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

Name of Employer Aiken Bridges Law Firm	Occupation Attorney
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Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. James A. Brown Jr.

Mailing Address 1335 Lazar Place

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

Name of Employer SMS Company	Occupation Partner
---------------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5909

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
William P. Brown

Mailing Address 5445 Gunters Island Rd.

City Galivants Ferry	State SC	Zip Code 29544
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.6159

Amount of Each Receipt this Period
500.00
In-kind - Event Catering

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Clayton M. Bull

Mailing Address 202 Cannon St.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph O. Burroughs Jr.

Mailing Address 708 Elm Street

City State Zip Code
Conway SC 29526

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

Name of Employer Occupation
Singleton, Burroughs & Young Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Clark Butler

Mailing Address 208 Club Dr.

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Strand Orthopaedic Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Joe D. Carson

Mailing Address 541 Juanita Dr.

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Elting L. Chapman III

Mailing Address P.O. Box 2384

City Murrells Inlet	State SC	Zip Code 29576
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FEC ID number of contributing federal political committee. **C**

Name of Employer Chapman Construction	Occupation General Contractor
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Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5670

Amount of Each Receipt this Period
250.00

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

Mailing Address 174 Wallace Gate Dr. S.

City Georgetown	State SC	Zip Code 29440
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5669

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert Clinger III

Mailing Address 7100 N. Ocean Blvd. Suite 522

City	State	Zip Code
Myrtle Beach	SC	29572

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

Name of Employer	Occupation
Highland Global	Business Appraiser

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C. Olin Collins Jr.

Mailing Address 304 Main St.

City	State	Zip Code
N. Myrtle Beach	SC	29582

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

Name of Employer	Occupation
Self	Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period
250.00

In-kind - Event Catering

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

Mailing Address P.O. Box 8503

City	State	Zip Code
Myrtle Beach	SC	29578

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5942

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Harry Connelly

Mailing Address 1333 Blackberry Bush, Dr.

City Summerton State SC Zip Code 29148

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

Name of Employer Self Occupation Landscaping

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Carol Connolly

Mailing Address 317 Doral Dr.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period
 2500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mrs. Carol Connolly

Mailing Address 317 Doral Dr.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6171

Amount of Each Receipt this Period
 -2500.00

Redesignate: to Runoff

[MEMO ITEM]

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

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

250.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Carol Connolly		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2012
Mailing Address 317 Doral Dr.		Transaction ID : SA11AI.6172
City Pawleys Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	Redesignate: to Run off
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Mr. Timothy J. Connolly		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2012
Mailing Address 317 Doral Dr.		Transaction ID : SA11AI.5192
City Pawleys Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Connolly Coastal Capital	Occupation Investor	Redesignate: to Run off
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Mr. Timothy J. Connolly		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2012
Mailing Address 317 Doral Dr.		Transaction ID : SA11AI.6174
City Pawleys Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2500.00
Name of Employer Connolly Coastal Capital	Occupation Investor	Redesignate: to Run Off
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Connolly

Mailing Address 317 Doral Dr.

City State Zip Code
Pawleys Island SC 29585

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

Name of Employer Occupation
Connolly Coastal Capital Investor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6175

Amount of Each Receipt this Period
 2500.00

Redesignate: to Run off

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Carl R. Conrad

Mailing Address 400 North Church St.

City State Zip Code
Charlotte NC 28202

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

Name of Employer Occupation
Self Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period
 100.00

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

Mailing Address 817 St. Charles Rd.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Burroughs & Chapin Realty Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period
 1000.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Lester Crawford

Mailing Address 46 Prospect Loop Pt.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
Self Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2012

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles O. Dalton

Mailing Address 4406 North Ocean Boulevard

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.5660

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mr. Loyd R. Daniel

Mailing Address 1000 2nd Ave. S. Suite 310

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Oceana Resorts Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2012

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period
500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Gail Demattio		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2012	
Mailing Address 141 N. Gate Rd.		Transaction ID : SA11AI.5903	
City Myrtle Beach	State SC	Zip Code 29572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark Dickson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2012	
Mailing Address 3723 Golf Ave.		Transaction ID : SA11AI.5775	
City Little River	State SC	Zip Code 29566	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Fabric Sales		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Vernie E. Dove		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2012	
Mailing Address 9409 Cove Drive		Transaction ID : SA11AI.5949	
City Myrtle Beach	State SC	Zip Code 29572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00	
Name of Employer Associated Insurors/First Southeast	Occupation Insurance Agent		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 355.00		

SUBTOTAL of Receipts This Page (optional).....	655.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<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)
Ms. Elizabeth S. Drake

Mailing Address 712 47th Ave. N.

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2012

Transaction ID : SA11AI.5686

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. James F. Drake

Mailing Address P.O. Box 970

City N. Myrtle Beach	State SC	Zip Code 29597
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FEC ID number of contributing federal political committee. **C**

Name of Employer Drake Financial Services	Occupation Financial Advisor
--	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period
250.00

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

Mailing Address 306 21st Ave. S.

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

Name of Employer Self	Occupation Sales
--------------------------	---------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<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)
Ms. Amanda Dunlap

Mailing Address 1309 Golfview Dr.

City N. Myrtle Beach	State SC	Zip Code 29582
-------------------------	-------------	-------------------

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

Name of Employer Remax Southern Shores	Occupation Realtor
---	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeff Edens

Mailing Address 6004 Longleaf Drive

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

Name of Employer Groundworks	Occupation Landscapers
---------------------------------	---------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Ms. Robin W. Edwards

Mailing Address P.O. Box 7407

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jeff Eggart

Mailing Address 1471 Brookgreen

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Bunky Ford

Mailing Address 2816 Hwy 50

City Little River State SC Zip Code 29566

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

Name of Employer Ford Propane Gas, Inc. Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5797

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Ronald Monroe Fowler

Mailing Address 3311 Main Street

City Loris State SC Zip Code 29569

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. R. Austin Gilbert Jr.

Mailing Address P.O. Box 3009

City State Zip Code
Florence SC 29502

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

Name of Employer Occupation
Gilbert Construction Company Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Frederick C. Gore

Mailing Address 9304 Kings Rd.

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Self Golf Course Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. David R. Gravely

Mailing Address 4904 North Ocean Boulevard

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Bellamy Law Firm Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5618

Amount of Each Receipt this Period
250.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James H. Grayson Jr.

Mailing Address 24 Chapin Cir.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Grayson Realty Occupation Real Estate Broker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. John W. Griggs Jr.

Mailing Address 1795 Spinnaker Dr.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer State Farm Ins. Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.6157

Amount of Each Receipt this Period
 250.00

In-kind - Event Catering

C. Full Name (Last, First, Middle Initial)
Mr. John W. Griggs Jr.

Mailing Address 1795 Spinnaker Dr.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer State Farm Ins. Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11AI.5890

Amount of Each Receipt this Period
 500.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. W. Glenn Gullede

Mailing Address 1598 Midway Rd.

City Cheraw	State SC	Zip Code 29520
----------------	-------------	-------------------

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

Name of Employer Requested	Occupation Requested
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.5739

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Dee Hamilton

Mailing Address P. O. Box 2817

City Pawley's Island	State SC	Zip Code 29585
-------------------------	-------------	-------------------

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

Name of Employer Hamilton Electric & Plumbing	Occupation Subcontractor
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.5682

Amount of Each Receipt this Period
250.00

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

Mailing Address 1706 Magnolia Dr.

City North Myrtle Beach	State SC	Zip Code 29582
----------------------------	-------------	-------------------

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

Name of Employer Hardee Construction	Occupation Contractor
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.5291

Amount of Each Receipt this Period
2000.00

[MEMO ITEM]

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 1706 Magnolia Dr.

City North Myrtle Beach	State SC	Zip Code 29582
----------------------------	-------------	-------------------

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

Name of Employer Hardee Construction	Occupation Contractor
---	--------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period
 -2000.00

Redesignate: to Run Off

[MEMO ITEM]

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

Mailing Address 1706 Magnolia Dr.

City North Myrtle Beach	State SC	Zip Code 29582
----------------------------	-------------	-------------------

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

Name of Employer Hardee Construction	Occupation Contractor
---	--------------------------

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6185

Amount of Each Receipt this Period
 2000.00

Redesignate: to Run off

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Lee Hewitt

Mailing Address P.O. Box 928

City Murrells Inlet	State SC	Zip Code 29576
------------------------	-------------	-------------------

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

Name of Employer Garden City Realty	Occupation Realtor
--	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period
 250.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Johnny R. Hoffman III

Mailing Address 3452 Woodstock Ln.

City Murrells Inlet	State SC	Zip Code 29576
------------------------	-------------	-------------------

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

Name of Employer Self	Occupation Investor
--------------------------	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Chris J. Hucks

Mailing Address 701 67th Ave. N.

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

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

Name of Employer Pee Dee Office Solutions	Occupation President
--	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5863

Amount of Each Receipt this Period
250.00

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

Mailing Address 805 Morrall Dr.

City N. Myrtle Beach	State SC	Zip Code 29582
-------------------------	-------------	-------------------

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Gregory Hunt

Mailing Address 219 Strand Industrial Dr.

City Little River State SC Zip Code 29566

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

Name of Employer Gregory Hunt Builders, LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Julianne S. Hussey

Mailing Address 210 7th Ave. N.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Sally M. Isaac

Mailing Address 204 Club Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 377 Rum Gully Cir

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Brewsters Ice Cream Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Joe N. Jarrett Jr.

Mailing Address 9403 Kings Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Euel D. Jones II

Mailing Address 2648 Trotter Rd.

City Florence State SC Zip Code 29501

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

Name of Employer World Travel Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
 150.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Tommy V. Jones

Mailing Address 4800 Seabreeze Ln.

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Global Attractions Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. R. Marc Jordan Sr.

Mailing Address 404 14th Ave. S.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer North Myrtle Beach Chamber of Commerce Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period
 250.00

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

Mailing Address 601 Gloucester Ter

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period
 300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 89
	<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)
Ms. Eileen Kim

Mailing Address 5004 Wynfield Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Edward Jones Occupation Financial Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5603

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry Kinsella

Mailing Address 2402 Causey Dr.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer Self Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period
 250.00

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

Mailing Address 333 Bennett St.

City Mt. Pleasant State SC Zip Code 29464

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<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)
Ms. Louise K. Lewis

Mailing Address 1023 Waterway Lane, Forest 2

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : SA11AI.5351

Amount of Each Receipt this Period
 500.00

[MEMO ITEM]

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

Mailing Address 1023 Waterway Lane, Forest 2

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6177

Amount of Each Receipt this Period
 -500.00

Redesignate: to Run off

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ms. Louise K. Lewis

Mailing Address 1023 Waterway Lane, Forest 2

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

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

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

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6178

Amount of Each Receipt this Period
 500.00

Redesignate: to Run Off

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<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. Jan Livingston

Mailing Address P.O. Box 63

City State Zip Code
N. Myrtle Beach SC 29597

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

Name of Employer Occupation
Livingston Cleaning and Restoration Co Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Victor R. Lundy III

Mailing Address 5112 Neal Road

City State Zip Code
Durham NC 27705

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

Name of Employer Occupation
Globe Communications, LLC President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael A. Marino

Mailing Address 406 Pinecrest Dr.

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Self Real Estate Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 33 OF 89
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 2501 US Highway 17 S.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Self Veterinarian

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven Michael McDonald

Mailing Address 7301 Hucks Rd.

City State Zip Code
Conway SC 29526

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mrs. Katharine C. McManus

Mailing Address 2406 Royal Oak Cir.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Caudle Reef Foundation Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<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)
Ms. Stella Mercado

Mailing Address 162 Olde Canal Loop

City Pawley's Island State SC Zip Code 29585

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

Name of Employer Mercom Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. E. Stone Miller Jr.

Mailing Address P.O. Box 68

City Pawley's Island State SC Zip Code 29585

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

Name of Employer Litchfield Real Estate Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11AI.5699

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Jimmy Moore

Mailing Address 2004 New Town Rd.

City Monroe State NC Zip Code 28110

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

Name of Employer J&J Properties of Calabash II, LLC Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 89
(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)
Mrs. Toni A. Moore

Mailing Address 4002 Gray Heron Dr.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : SA11AI.5720

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Frans N. Mustert

Mailing Address P.O. Box 1481

City State Zip Code
Myrtle Beach SC 29578

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

Name of Employer Occupation
Oceana Resorts President & CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Wade Nichols

Mailing Address P.O. Box 6888

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Self Endodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. N. F. Nixon Jr.

Mailing Address P.O. Box 3240

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. David P. Nobles

Mailing Address 205 11th Ave. N.

City State Zip Code
N. Myrtle Beach SC 29597

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

Name of Employer Occupation
The Noble Company Real Estate Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5827

Amount of Each Receipt this Period
250.00

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

Mailing Address 2494 W. Andover Rd.

City State Zip Code
Florence SC 29501

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

Name of Employer Occupation
Lawson Farms Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.5913

Amount of Each Receipt this Period
2500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ron Paige

Mailing Address 1114 Waterway Lane

City Murrells Inlet State SC Zip Code 29572

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

Name of Employer Horry County State Bank Occupation Executive VP

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Alexander J. Pappas

Mailing Address 22 Chapin Cir.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Misty Pate-Coan

Mailing Address 1910 Arundel Rd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Lulu's Cafe Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 7576 Kingspoint Pkwy Ste. 188

City Orlando	State FL	Zip Code 32819
-----------------	-------------	-------------------

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

Name of Employer Ripleys Entertainment, Inc.	Occupation President
---	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Brett A. Rathbone Sr.

Mailing Address 2329 Brick Dr.

City Longs	State SC	Zip Code 29568
---------------	-------------	-------------------

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

Name of Employer Tri County Mechanical	Occupation Owner
---	---------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. JC Ray

Mailing Address P.O. Box 416

City Conway	State SC	Zip Code 29526
----------------	-------------	-------------------

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

Name of Employer Ray Realty	Occupation Realtor
--------------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period
90.00

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

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

1340.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 89
	<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. J. Rodman Rourk

Mailing Address 4810 Camellia Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas C. Rowland Jr.

Mailing Address 74 Swan Point Trl

City Georgetown State SC Zip Code 29440

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
 900.00

C. Full Name (Last, First, Middle Initial)
Mr. John K. Ruttenberg

Mailing Address 500 Pointsett Rd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Bellamy Law Firm Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : SA11AI.5635

Amount of Each Receipt this Period
 250.00

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John D. Sanders

Mailing Address 9209 Marina Parkway

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan R. Sanders

Mailing Address 815 Front St. Unit 2I

City Georgetown State SC Zip Code 29440

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

Name of Employer SC Maritime Museum Occupation Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5680

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert R. Sansbury

Mailing Address 5709 Country Club Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Hub International Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period
 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. W.B. Seddinger

Mailing Address 5501 Heritage Dr.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5948

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Goz Segars

Mailing Address 2586 Kelletown Rd.

City State Zip Code
Harsville SC 29550

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

Name of Employer Occupation
Self Developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1841.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11AI.6142

Amount of Each Receipt this Period
1841.31

In-kind - Event Catering

C. Full Name (Last, First, Middle Initial)
Mr. Glen Senterfeit

Mailing Address 886 Treasury Bend Dr.

City State Zip Code
Charleston SC 29412

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

Name of Employer Occupation
SC Federal Credit Union SVP Sales & Service

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period
1000.00

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

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

3091.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 89
	<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. Cynthia Sheilds

Mailing Address 407 Blue Heron Dr.

City Georgetown	State SC	Zip Code 29440
--------------------	-------------	-------------------

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5744

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey C. Sheilds

Mailing Address 407 Blue Heron Dr.

City Georgetown	State SC	Zip Code 29440
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FEC ID number of contributing federal political committee. **C**

Name of Employer Novartis	Occupation Pharmaceuticals
------------------------------	-------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5742

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dale Shelley

Mailing Address 1776 Green Sea Rd.

City Green Sea Rd.	State SC	Zip Code 29545
-----------------------	-------------	-------------------

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

Name of Employer USDA	Occupation HR Specialist
--------------------------	-----------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.6162

Amount of Each Receipt this Period
200.00
In-kind - Event Catering

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 89
	<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)
Elizabeth Shelley

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Shelley Farms Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
05 / 21 / 2012

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period
500.00

Shelley Farms Partner Memo-Redesig to Run off

[MEMO ITEM]

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

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
12 / 15 / 2011

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
500.00

See Partner Attribution

[MEMO ITEM]

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

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
05 / 21 / 2012

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period
-500.00

Redesignate: See Partner Attribution

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<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)
Shelley Farms

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period
 500.00

Redesignate: to Run off

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Rick V. Sparks

Mailing Address 1570 Brookgreen Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Occupation
 Sparks Toyota Auto Dealership Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark Chris Speckman

Mailing Address 4059 Sand Trap Ave.

City Little River State SC Zip Code 29566

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

Name of Employer Occupation
 Freedom Boat Club Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John S. Springs

Mailing Address 411 Rum Gully Road

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Ponderosa, Inc. Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
500.00

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

Mailing Address 4604 N. Kings Highway

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Lachicotte Company Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5651

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert B. Stith III

Mailing Address 1382 Lazar Place

City Florence State SC Zip Code 29501

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

Name of Employer Self Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Neal D. Thigpen

Mailing Address 1610 W Hillside Dr.

City Florence	State SC	Zip Code 29501
------------------	-------------	-------------------

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period
1000.00

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

Mailing Address 804 Tillson Rd.

City N. Myrtle Beach	State SC	Zip Code 29582
-------------------------	-------------	-------------------

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

Name of Employer Century 21 Real Estate	Occupation Realtor
--	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.6149

Amount of Each Receipt this Period
250.00

In-kind - Event Catering

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

Mailing Address 804 Tillson Rd.

City N. Myrtle Beach	State SC	Zip Code 29582
-------------------------	-------------	-------------------

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

Name of Employer Century 21 Real Estate	Occupation Realtor
--	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5839

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 47 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. E. D. Tinsley III

Mailing Address 1206 Claremont Ave.

City Florence	State SC	Zip Code 29501
------------------	-------------	-------------------

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

Name of Employer Mcleod Regional Medical Center	Occupation Administrator
--	-----------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5795

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth M. Travaglia

Mailing Address 196 Prather Park Dr.

City Myrtle Beach	State SC	Zip Code 29588
----------------------	-------------	-------------------

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

Name of Employer Paragon GC, Inc.	Occupation Project Manager
--------------------------------------	-------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Andrew M. Tucker

Mailing Address 601 N. Pearl St.

City Pageland	State SC	Zip Code 29528
------------------	-------------	-------------------

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

Name of Employer CM Tucker Lumber Companies	Occupation Lumber Sales
--	----------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period
350.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 48 OF 89
(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. Carl M Tucker III

Mailing Address P.O. Box 7

City State Zip Code
Pageland SC 29728

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

Name of Employer Occupation
CM Tucker Lumber Companies Lumber Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. David B. Tucker

Mailing Address 601 N. Pearl St.

City State Zip Code
Pageland SC 29728

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

Name of Employer Occupation
CM Tucker Lumber Companies Lumber Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5649

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark H. Tucker

Mailing Address P.O. Box 7

City State Zip Code
Pageland SC 29728

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

Name of Employer Occupation
CM Tucker Lumber Companies Lumber Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 49 OF 89
(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. Paul H. Tucker

Mailing Address 717 Beauhaven Ln.

City State Zip Code
Waxhaw NC 28173

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

Name of Employer Occupation
CM Tucker Lumber Companies Lumber Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. William Tuller Jr.

Mailing Address 822 Kawana Rd.

City State Zip Code
Columbia SC 29205

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

Name of Employer Occupation
Seaco, Inc President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period
500.00

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

Mailing Address 8030 Mill Creek Rd.

City State Zip Code
Myrtle Beach SC 29588

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) Dr. Dick Ward		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2012
Mailing Address 131 Dunes St.		Transaction ID : SA11AI.5579
City Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Strand Orthopaedic	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Mr. Tommy West		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address 1603 Magnolia Dr.		Transaction ID : SA11AI.5886
City N. Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ABSCO Industrial & Mini Storage	Occupation Owner	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Mr. Wayne H. Wicker		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012
Mailing Address 99 N. Hermitage Road		Transaction ID : SA11AI.5691
City Beaufort	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Secessions Golf Course	Occupation Greenskeeper	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. DI Wilson III

Mailing Address P.O. Box 1382

City State Zip Code
Georgetown SC 29442

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

Name of Employer Occupation
Self General Contractor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period
250.00

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

Mailing Address 3311 Higway 9 East

City State Zip Code
Little River SC 29566

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

Name of Employer Occupation
State Farm Ins. Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 457

City State Zip Code
Tabor City NC 28463

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

Name of Employer Occupation
McGougan Law Firm Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11AI.5777

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 89
	<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. Tina F. Yates

Mailing Address 815 St. Charles Rd.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Hoskins Restautant Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period
250.00

In-kind - Event Catering

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

Mailing Address 815 St. Charles Rd.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Hoskins Restautant Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5831

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

58236.31

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

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

FOR LINE NUMBER: PAGE 53 OF 89
(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)
NBSC PAC

Mailing Address 1221 MAIN STREET
PO BOX 1457

City COLUMBIA State SC Zip Code 29201

FEC ID number of contributing federal political committee. **C** C00194191

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11C.6140

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

**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 54 OF 89			
	<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 04 / 05 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	33.88
Payroll Service		
Candidate Name	Transaction ID : SB17.5990	
Office Sought:	Disbursement For: 2012	
<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. AccuChecks		M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	33.88
Payroll Service		
Candidate Name	Transaction ID : SB17.5991	
Office Sought:	Disbursement For: 2012	
<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. AccuChecks		M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	40.20
Payroll Service		
Candidate Name	Transaction ID : SB17.5992	
Office Sought:	Disbursement For: 2012	
<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).....	107.96
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 55 OF 89			
	<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 05 / 18 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	47.19
Payroll Service		Transaction ID : SB17.5993
Candidate Name		
Office Sought:	Disbursement For: 2012	
<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. BNC Bank		M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	1683.86
Payroll Taxes		Transaction ID : SB17.6001
Candidate Name		
Office Sought:	Disbursement For: 2012	
<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. BNC Bank		M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577
Purpose of Disbursement	Category/ Type	1942.40
Payroll Taxes		Transaction ID : SB17.6002
Candidate Name		
Office Sought:	Disbursement For: 2012	
<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).....	3673.45
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 56 OF 89			
	<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. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period 2361.56 Transaction ID : SB17.6003
City Myrtle Beach	State SC	
Zip Code 29577	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: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.6000
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Bank Fees	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period 2299.04 Transaction ID : SB17.6004
City Myrtle Beach	State SC	
Zip Code 29577	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: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4668.60
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 57 OF 89			
	<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. Mr. Frank V. Boulineau III			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012		
Mailing Address P.O. Box 3190			Amount of Each Disbursement this Period 250.00		
City N. Myrtle Beach	State SC	Zip Code 29582	Transaction ID : SB17.6154		
Purpose of Disbursement In-kind - Event Catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. William P. Brown			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012		
Mailing Address 5445 Gunters Island Rd.			Amount of Each Disbursement this Period 500.00		
City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : SB17.6161		
Purpose of Disbursement In-kind - Event Catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Charleston Cafe			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012		
Mailing Address 815 Surfside Dr.			Amount of Each Disbursement this Period 626.40		
City Surfside Beach	State SC	Zip Code 29575	Transaction ID : SB17.6011		
Purpose of Disbursement Event Catering/Site Rental		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1376.40
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 58 OF 89	
	<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. Mary Chestnut		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 116 Fulbourn Place		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.6104
City Myrtle Beach	State SC	
Zip Code 29579	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Coggin Security		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address P.O. Box 8608		Amount of Each Disbursement this Period 318.75 Transaction ID : SB17.6014
City Myrtle Beach	State SC	
Zip Code 29578	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. C. Olin Collins Jr.		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 304 Main St.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6152
City N. Myrtle Beach	State SC	
Zip Code 29582	Purpose of Disbursement In-kind - Event Catering	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	968.75
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 59 OF 89			
	<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. Conway Motor Inn			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012		
Mailing Address 1101 Church St.			Amount of Each Disbursement this Period 212.63		
City Conway	State SC	Zip Code 29526	Transaction ID : SB17.6016		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Conway Rental			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012		
Mailing Address 1291 Highway 501			Amount of Each Disbursement this Period 557.28		
City Conway	State SC	Zip Code 29526	Transaction ID : SB17.6017		
Purpose of Disbursement Event Catering/Site Rental		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Charles Crawford			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012		
Mailing Address 819 shem Creek Cir.			Amount of Each Disbursement this Period 604.36		
City Myrtle Beach	State SC	Zip Code 29588	Transaction ID : SB17.6106		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1374.27
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 60 OF 89			
	<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. Charles Crawford		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 819 shem Creek Cir.		Amount of Each Disbursement this Period 1065.79
City Myrtle Beach	State SC	
Zip Code 29588	Purpose of Disbursement Salary	Transaction ID : SB17.6107
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Fed Ex		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1170 Seabord St.		Amount of Each Disbursement this Period 86.64
City Myrtle Beach	State FL	
Zip Code 29577	Purpose of Disbursement Postage/Shipping	Transaction ID : SB17.6018
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Fed Ex		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1170 Seabord St.		Amount of Each Disbursement this Period 76.29
City Myrtle Beach	State FL	
Zip Code 29577	Purpose of Disbursement Signage	Transaction ID : SB17.6019
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1228.79
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 61 OF 89			
	<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. Florence County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address 1825 Brigadoon Lane			Amount of Each Disbursement this Period 250.00		
City Florence	State SC	Zip Code 20505	Transaction ID : SB17.6021		
Purpose of Disbursement Meeting Expense		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Florence County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012		
Mailing Address 1825 Brigadoon Lane			Amount of Each Disbursement this Period 500.00		
City Florence	State SC	Zip Code 20505	Transaction ID : SB17.6022		
Purpose of Disbursement Meeting Expense		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Logan Furr			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012		
Mailing Address 3713 Savannah Loop Rd.			Amount of Each Disbursement this Period 658.92		
City Oviedo	State FL	Zip Code 32765	Transaction ID : SB17.6111		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1408.92
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 62 OF 89	
	<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. Grand Strand Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address P.O. Box 2533		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6026
City Myrtle Beach	State SC	
Zip Code 29578	Purpose of Disbursement Meeting Expense	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Mr. John W. Griggs Jr.		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 1795 Spinnaker Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6158
City N. Myrtle Beach	State SC	
Zip Code 29582	Purpose of Disbursement In-kind - Event Catering	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 1167.35 Transaction ID : SB17.6113
City Snow Camp	State NC	
Zip Code 27349	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1667.35
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 63 OF 89			
	<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. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 45.51
City Snow Camp	State NC Zip Code 27349	
Purpose of Disbursement Mileage	Candidate Name	Transaction ID : SB17.6116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 1167.35
City Snow Camp	State NC Zip Code 27349	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.6114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 1167.35
City Snow Camp	State NC Zip Code 27349	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.6115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2380.21
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 64 OF 89			
	<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. Horry County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 2351 Highway 501 S		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.6028
City Conway	State SC	
Zip Code 29526	Purpose of Disbursement Rent-Standard Market Rate	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Horry County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 2351 Highway 501 S		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.6029
City Conway	State SC	
Zip Code 29526	Purpose of Disbursement Rent-Standard Market Rate	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Huckaby Davis Lisker		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 228 South Washington St. Suite 115		Amount of Each Disbursement this Period 2006.45 Transaction ID : SB17.6030
City Alexandria	State VA	
Zip Code 22314	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2406.45
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 65 OF 89	
	<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. Lowes		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1160 Seaboard St.		Amount of Each Disbursement this Period 278.52
City Myrtle Beach	State SC	
Zip Code 29577	Category/ Type	Transaction ID : SB17.6037
Purpose of Disbursement Signage		
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Lowes Foods		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address Store #234 Grand Dunes		Amount of Each Disbursement this Period 181.85
City Myrtle Beach	State SC	
Zip Code 29577	Category/ Type	Transaction ID : SB17.6038
Purpose of Disbursement Event Catering		
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Jay Miley		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 744 Bruce St.		Amount of Each Disbursement this Period 750.00
City Charleston	State SC	
Zip Code 29413	Category/ Type	Transaction ID : SB17.6117
Purpose of Disbursement Event Entertainment		
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1210.37
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 66 OF 89			
	<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 04 / 04 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 133.92
City Myrtle Beach	State SC	
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Transaction ID : SB17.6041	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 21.00
City Myrtle Beach	State SC	
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Transaction ID : SB17.6042	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 1.62
City Myrtle Beach	State SC	
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Transaction ID : SB17.6043	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	156.54
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 67 OF 89			
	<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 05 / 01 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 239.56
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6044
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 150.32
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6045
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 98.07
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6046
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	487.95
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 68 OF 89		
	<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 05 / 16 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 112.46
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6047
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Parkway Office Plaza, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1113 48th Ave. N		Amount of Each Disbursement this Period 1200.00
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Rent	Transaction ID : SB17.6049
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Parkway Office Plaza, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1113 48th Ave. N		Amount of Each Disbursement this Period 1200.00
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Rent	Transaction ID : SB17.6050
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2512.46
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 69 OF 89			
	<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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 144 2nd St., 1st Fl.		Amount of Each Disbursement this Period 241.90 Transaction ID : SB17.6051
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Online Processing Fees	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Portofino's on the Wharf		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 815 Front Street		Amount of Each Disbursement this Period 773.67 Transaction ID : SB17.6055
City Georgetown	State SC Zip Code 29440	
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Promoshade Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 10197 E. San Salvador Dr.		Amount of Each Disbursement this Period 548.04 Transaction ID : SB17.6056
City Scottsdale	State AZ Zip Code 85258	
Purpose of Disbursement Advertising-Campaign Mugs	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1563.61
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 70 OF 89	
	<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. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6119
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6120
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6121
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2597.67
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 71 OF 89			
	<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. James Lucas Rice		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 683.28
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6122
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6124
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6125
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3052.52
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 72 OF 89	
	<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. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 1184.62 Transaction ID : SB17.6126
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 1184.62 Transaction ID : SB17.6127
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. TOM RICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 5100 NORTH OCEAN BLVD		Amount of Each Disbursement this Period 439.05 Transaction ID : SB17.6128
City MYRTLE BEACH	State SC	
Zip Code 29577	Purpose of Disbursement Meeting-Food/Beverage	Category/ Type
Candidate Name	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	

SUBTOTAL of Disbursements This Page (optional).....	2808.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 89			
	<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. Mr. Goz Segars		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 2586 Kelletown Rd.		Amount of Each Disbursement this Period 1841.31 Transaction ID : SB17.6156
City Harstville	State SC	
Purpose of Disbursement In-kind - Event Catering		Category/ Type
Candidate Name		
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) B. Sign It		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 3193 C Highway 17 Bypass South		Amount of Each Disbursement this Period 33.48 Transaction ID : SB17.6059
City Myrtle Beach	State SC	
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Sign It		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 3193 C Highway 17 Bypass South		Amount of Each Disbursement this Period 22.68 Transaction ID : SB17.6060
City Myrtle Beach	State SC	
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1897.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89			
	<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. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 23470.74 Transaction ID : SB17.6064
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail/Strategic Consulting	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 14175.55 Transaction ID : SB17.6065
City Lexington State SC Zip Code 29072	Purpose of Disbursement Signage	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 401.05 Transaction ID : SB17.6066
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail/Signage	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	38047.34
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 75 OF 89			
	<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. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 12266.16 Transaction ID : SB17.6067
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail/Strategic Consulting	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 9700.00 Transaction ID : SB17.6068
City Lexington State SC Zip Code 29072	Purpose of Disbursement Media Buy	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 5709.99 Transaction ID : SB17.6069
City Lexington State SC Zip Code 29072	Purpose of Disbursement Media Buy	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	27676.15
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 76 OF 89			
	<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. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 10960.18 Transaction ID : SB17.6061
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 1702.79 Transaction ID : SB17.6070
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 5180.86 Transaction ID : SB17.6062
City Lexington State SC Zip Code 29072	Purpose of Disbursement Media Buy	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	17843.83
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 77 OF 89	
	<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. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 8850.00
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Strategic Consulting	Category/Type	Transaction ID : SB17.6071
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 50722.00
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Media Buy	Category/Type	Transaction ID : SB17.6063
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. The Mace Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 108 North Norfolk Way		Amount of Each Disbursement this Period 1575.00
City Goose Creek	State SC Zip Code 29445	
Purpose of Disbursement Web Services	Category/Type	Transaction ID : SB17.6074
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	61147.00
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 78 OF 89	
	<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. The Mace Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 108 North Norfolk Way		Amount of Each Disbursement this Period 1575.00 Transaction ID : SB17.6075
City Goose Creek	State SC	
Zip Code 29445	Purpose of Disbursement Web Services	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. The Phillips Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1117 Glenwood Rd.		Amount of Each Disbursement this Period 12547.66 Transaction ID : SB17.6077
City Columbia	State SC	
Zip Code 29204	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Hank Thomas		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 804 Tillson Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6151
City N. Myrtle Beach	State SC	
Zip Code 29582	Purpose of Disbursement In-kind - Event Catering	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	14372.66
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 79 OF 89			
	<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. Thread Logig		M M / D D / Y Y Y Y 04 / 30 / 2012	
Mailing Address 18190 Diary Lane Suite 204		Amount of Each Disbursement this Period	
City State Zip Code Jordan MN 55352		499.00 Transaction ID : SB17.6079	
Purpose of Disbursement Advertising-Campaign Hats		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Transfirst		M M / D D / Y Y Y Y 04 / 01 / 2012	
Mailing Address 12202 Airport Way, Ste. 100		Amount of Each Disbursement this Period	
City State Zip Code Broomfield CO 80021		46.92 Transaction ID : SB17.6080	
Purpose of Disbursement Merchant Fees		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Transfirst		M M / D D / Y Y Y Y 05 / 08 / 2012	
Mailing Address 12202 Airport Way, Ste. 100		Amount of Each Disbursement this Period	
City State Zip Code Broomfield CO 80021		232.70 Transaction ID : SB17.6081	
Purpose of Disbursement Merchant Fees		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	778.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 89			
	<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. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 32.05
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Postage/Shipping	Transaction ID : SB17.6082
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 180.00
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Postage/Shipping	Transaction ID : SB17.6083
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 5.95
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Postage/Shipping	Transaction ID : SB17.6084
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	218.00
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 81 OF 89			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.06 Transaction ID : SB17.6089
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.07 Transaction ID : SB17.6090
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.08 Transaction ID : SB17.6091
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	165.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 89			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.12
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.11
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.10
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	165.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 89			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.09
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Transaction ID : SB17.6095
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.13
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Transaction ID : SB17.6096
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.13
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Transaction ID : SB17.6097
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	165.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 89			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.13
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.13
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 55.13
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Cel Phone	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	165.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 89			
	<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. Victors Bistro & Garden Room			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012		
Mailing Address 1247 S. Irby St.			Amount of Each Disbursement this Period 369.48		
City Florence	State SC	Zip Code 29505	Transaction ID : SB17.6101		
Purpose of Disbursement Event Catering/Site Rental		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Vonage			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012		
Mailing Address 23 Main St.			Amount of Each Disbursement this Period 129.80		
City Holmdel	State NJ	Zip Code 07733	Transaction ID : SB17.6102		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Jennifer L. Wilson			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012		
Mailing Address 137 N. Gate Rd.			Amount of Each Disbursement this Period 1150.31		
City Myrtle Beach	State SC	Zip Code 29572	Transaction ID : SB17.6129		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1649.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 89		
	<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. Jennifer L. Wilson		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 888.32 Transaction ID : SB17.6130
City Myrtle Beach	State SC	
Zip Code 29572	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Jennifer L. Wilson		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1114.13 Transaction ID : SB17.6131
City Myrtle Beach	State SC	
Zip Code 29572	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Jennifer L. Wilson		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 911.73 Transaction ID : SB17.6132
City Myrtle Beach	State SC	
Zip Code 29572	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2914.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 89			
	<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. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 651.92
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Transaction ID : SB17.6134
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 1053.11
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Transaction ID : SB17.6135
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 1053.11
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Transaction ID : SB17.6136
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2758.11
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 88 OF 89			
	<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. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 1053.11
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Transaction ID : SB17.6137
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 34.41
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Mileage	Transaction ID : SB17.6139
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Mrs. Tina F. Yates		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 815 St. Charles Rd.		Amount of Each Disbursement this Period 250.00
City N. Myrtle Beach	State SC	
Zip Code 29582	Purpose of Disbursement In-kind - Event Catering	Transaction ID : SB17.6153
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1337.52
TOTAL This Period (last page this line number only).....	206952.27

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 : SC/10.4834

TOM RICE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

TOM RICE

Primary
 General
 Other (specify) ▼

Mailing Address

5100 NORTH OCEAN BLVD

City

State

ZIP Code

MYRTLE BEACH

SC

29577

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

31

2012

On Demand

0.00

% (apr)

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)..... ▶

50000.00

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

50000.00

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