

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) 1107 48th Ave., N.

Suite 310-A

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29577-5443

2. FEC IDENTIFICATION NUMBER

C C00506048

CITY

STATE

ZIP CODE

STATE DISTRICT

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

SC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 11 / 04 / 2014 in the State of SC

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

10 / 22 / 2014

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 8 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

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))....	45875.00	1120470.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	8250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	45875.00	1112220.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18184.78	549853.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1101.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18184.78	548752.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	516532.03	
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).....	24000.00	

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).....	19250.00	644674.05
(ii) Unitemized.....	2875.00	14903.00
(iii) TOTAL of contributions from individuals ▶	22125.00	659577.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23750.00	460893.63
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	45875.00	1120470.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1101.41
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)..... ▶	45875.00	1121572.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18184.78	549853.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	76000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	76000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	6250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8250.00
21. OTHER DISBURSEMENTS	0.00	211955.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18184.78	846058.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	488841.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45875.00
25. SUBTOTAL (add Line 23 and Line 24).....	534716.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18184.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	516532.03

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

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

FOR LINE NUMBER: PAGE 5 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Evans Holland

Mailing Address PO Box 5387

City State Zip Code
Florence SC 29502-5387

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : A174FD0E291FD474887A

Amount of Each Receipt this Period
250.00

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

Mailing Address 7150 Highway 917

City State Zip Code
Nichols SC 29581-3411

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : A3D56CD63E9344EEAB9B

Amount of Each Receipt this Period
1000.00

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

Mailing Address 805 Pamplico Hwy
Mall A, Suite 230

City State Zip Code
Florence SC 29505-6047

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

Name of Employer Occupation
Carolinas Hospital Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : AC58B1EA2580F4E9F8AF

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 4220 Siwel Rd

City State Zip Code
Conway SC 29526-6418

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

Name of Employer Occupation
Horry County Cooperative Executive VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : AE2F592D449334A9580D

Amount of Each Receipt this Period
750.00

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

Mailing Address 400 Cherokee Rd

City State Zip Code
Florence SC 29501-5229

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : A8703807E31BD4807BE8

Amount of Each Receipt this Period
500.00

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

Mailing Address 1119 Wisteria Dr

City State Zip Code
Florence SC 29501-5763

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

Name of Employer Occupation
McGowen Rogers et al Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : A96D54785612F4D56B6C

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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. Philip Bonds

Mailing Address 3405 Ebenezer Chase Drive

City Florence	State SC	Zip Code 29501-8012
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A34F56C43EB824E23932

Amount of Each Receipt this Period

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

Mailing Address 329 Country Club Blvd

City Florence	State SC	Zip Code 29501-5414
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A3EF30AB87A824847A5C

Amount of Each Receipt this Period

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

Mailing Address 542 Foxtail Dr

City Longs	State SC	Zip Code 29568-8602
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FEC ID number of contributing federal political committee.

Name of Employer Self Employed	Occupation Cert. Financial Planner
-----------------------------------	---------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A598B54801B40404A9E3

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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 Thigpen

Mailing Address 1610 W. Hillside Ave

City Florence	State SC	Zip Code 29501-5608
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A7C8792D7013B4C64AC5

Amount of Each Receipt this Period
1000.00

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

Mailing Address 511 B 30th Ave N

City Myrtle Beach	State SC	Zip Code 29577-2901
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : AD873A4D27F054FAF97B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Byron Yahnis Jr.

Mailing Address 2536 Ascot Dr

City Florence	State SC	Zip Code 29501-1954
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FEC ID number of contributing federal political committee. **C**

Name of Employer Yahnis Companies	Occupation Beverage Distribution
--------------------------------------	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A4A41D6FC925C44AA8AD

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 9 OF 30
	<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)
Willard Dorriety

Mailing Address 828 Albemarle Blvd

City Florence	State SC	Zip Code 29501-8941
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Farming
-----------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : AF94193846907448C980

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian Sang

Mailing Address 2809 Shedwell Court

City Florence	State SC	Zip Code 29501-5324
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : A6ECA6AAA50884D13BA4

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 1909

City Florence	State SC	Zip Code 29503-1909
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FEC ID number of contributing federal political committee. **C**

Name of Employer Willcox, Buyck & Williams, P.a	Occupation Attorney
--	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : A72EDEC45DC744A82AB9

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 10 OF 30
	<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. Charlie Dorn Smith III

Mailing Address 411 Seminole Ave

City Florence	State SC	Zip Code 29501-5767
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : A46D543ECA8DF40398EF

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Austin Gilbert Jr.

Mailing Address PO Box 3009

City Florence	State SC	Zip Code 29502-3009
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : AE7C27D81CF454C4481D

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Sidney Futch

Mailing Address 7 Valencia Cir

City Myrtle Beach	State SC	Zip Code 29572-4130
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2014

Transaction ID : A10E4648E1EA84ABD9E7

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 11 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Nancy L. Player

Mailing Address 420 Rosewood Dr

City State Zip Code
Florence SC 29501-5454

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A743D9DE5BA44CA9A37

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Havekost

Mailing Address 1315 Place De Julian

City State Zip Code
Florence SC 29501-5617

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : AF8A2463E957349FBBE2

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Curtis Tyner Sr.

Mailing Address PO Box 234

City State Zip Code
Hartsville SC 29551-0234

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

Name of Employer Occupation
Heritage Community Bank Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : AFC9A4F99BEB7481F9C2

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: PAGE 12 OF 30
(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)
Randy Key

Mailing Address 510 Azalea Ln

City State Zip Code
Florence SC 29501-5718

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

Name of Employer Occupation
Key Architecture Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : ACC92D400B01C440094B

Amount of Each Receipt this Period
1000.00

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

Mailing Address 715 Brockington Ln
Ste 409

City State Zip Code
Florence SC 29501-5775

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

Name of Employer Occupation
Aiken, Bridges, Elliott, Tyler Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A0D159D22DC9F4D38A76

Amount of Each Receipt this Period
1000.00

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

Mailing Address 712 S Colt Street

City State Zip Code
Florence SC 29501-5113

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

Name of Employer Occupation
Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A834120580FB54F7493F

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 30

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 1335 Lazar Pl

City Florence State SC Zip Code 29501-5664

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

Name of Employer Adp Corporation Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : A6E919496775E49D5ACF

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Luther Fred Carter

Mailing Address 4822 E Palmetto St

City Florence State SC Zip Code 29506-4530

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

Name of Employer Francis Marion University Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : A3E285194C09247E2AEF

Amount of Each Receipt this Period
 1000.00

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 / D D / 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).....

2000.00

19250.00

**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 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : A6A214297D6F74E63B0D

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1605 King St

City Alexandria State VA Zip Code 22314-2726

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : AE2D6E8530F07483E9B0

Amount of Each Receipt this Period
 1000.00

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

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

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A764CE13129A24484948

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 2101 Wilson Boulevard

City State Zip Code
Arlington VA 22201-3086

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A421A643196E247CDB36

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209-2300

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A2CD6EB5145F24413909

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1111 14th St., NW

City State Zip Code
Washington DC 20005-5603

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A360300FFF0934208942

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

Mailing Address 1156 15TH STREET, NW
SUITE 329

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00413567

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : AA26B066096C04AFCAE5

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : A2CA0A931B5674C57B7B

Amount of Each Receipt this Period
2500.00

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

Mailing Address 2400 PERSHING ROAD SUITE 400

City KANSAS CITY State MO Zip Code 64108

FEC ID number of contributing federal political committee. **C** C00433672

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : A966063FEE73C4669BF2

Amount of Each Receipt this Period
250.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Action Committee for Rural Electrification PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4301 Wilson Blvd.

City State Zip Code
Arlington VA 22203-1867

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : ADCB71410A6DD44A9A33

Amount of Each Receipt this Period
3000.00

B. AT&T, Inc. Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address c/o 1133 21st Street, NW Suite 900

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : A60C4E3EB29D7472091C

Amount of Each Receipt this Period
1000.00

C. Nelson Mullins Riley & Scarborough PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1320 Main St., Fl. 17

City State Zip Code
Columbia SC 29201-3268

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : A70B7BDA3B7C048A4AD8

Amount of Each Receipt this Period
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600
Suite 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : AB2E65FEB30F3424D912

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1015 15th St. NW
8th Floor

City Washington State DC Zip Code 20005-2605

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : AFFFA6537F066475E93B

Amount of Each Receipt this Period
3000.00

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

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A264CC39B01524EE0A7F

Amount of Each Receipt this Period
2500.00

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

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

8000.00

23750.00

**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 19 OF 30	
	<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 10 / 01 / 2014
Mailing Address Mb Main PO		Amount of Each Disbursement this Period 5.75 Transaction ID : B02E6FED008DC444B8D6
City Myrtle Beach	State SC Zip Code 29577-0000	
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SC Jazz Festival		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 219		Amount of Each Disbursement this Period 250.00 Transaction ID : B1BD3A5EEDCD24805A0C
City Myrtle Beach	State SC Zip Code 29578-0219	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 49.93 Transaction ID : B33B245F9FD16413F94C
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Online Service	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	305.68
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 20 OF 30	
	<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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 2791.57 Transaction ID : B0947BFF0F310459DB25
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Online Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 15.00 Transaction ID : B6957967E4A344237985
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 2651.95 Transaction ID : BBBF8AAC8B5BD4A73BA9
City Myrtle Beach	State SC Zip Code 29572-4337	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2791.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 30	
	<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 Dunes Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 9000 N Ocean Blvd		Amount of Each Disbursement this Period 313.93 Transaction ID : B89374E39396F4DD5926
City Myrtle Beach	State SC Zip Code 29572-4424	
Purpose of Disbursement Event Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Vonage Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 23 Main St		Amount of Each Disbursement this Period 19.93 Transaction ID : B8933E7E1670C45AD8D8
City Holmdel	State NJ Zip Code 07733-2136	
Purpose of Disbursement Phone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 656.47 Transaction ID : B91BEBF2F71F94F5F9F7
City Myrtle Beach	State SC Zip Code 29577-2351	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	990.33
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 22 OF 30		
	<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 10 / 06 / 2014
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 1439.55 Transaction ID : BA939E085E7E842B3B59
City Myrtle Beach	State SC Zip Code 29577-2541	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 10 / 06 / 2014
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period 75.59 Transaction ID : BE764B078F9AC471DA32
City Myrtle Beach	State SC Zip Code 29577-6517	
Purpose of Disbursement Postage/Shipping	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 34.04 Transaction ID : BE6473E60F4254291A46
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1549.18
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 23 OF 30	
	<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. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 49.77
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Transaction ID : BF5947633CD85489AA0C
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Accurate Word LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 4481 White Plains Lane		Amount of Each Disbursement this Period 1167.95
City White Plains	State MD	
Zip Code 20695-3018	Purpose of Disbursement Printing	Transaction ID : B64882075ED534661A8D
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 38.28
City Garden City	State SC	
Zip Code 29576	Purpose of Disbursement Travel	Transaction ID : B9F56E62008324095813
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1256.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 30	
	<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. Hotel Florence		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 126 West Evans St.		Amount of Each Disbursement this Period 185.92 Transaction ID : BC385A08FA9184B278C3
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Hotel Florence		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 126 West Evans St.		Amount of Each Disbursement this Period 130.03 Transaction ID : B7DC7F928988345C5B18
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Hotel Florence		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 126 West Evans St.		Amount of Each Disbursement this Period 130.03 Transaction ID : BDB524CA05D444CC39ED
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	445.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 30	
	<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 10 / 10 / 2014
Mailing Address Mb Main PO		Amount of Each Disbursement this Period 5.75 Transaction ID : B99C203F7D2974DE1B6F
City Myrtle Beach	State SC	
Zip Code 29577-0000	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 10 / 10 / 2014
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 1033.98 Transaction ID : B867CA1D4B6164EE18DF
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Transfirst		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 12202 Airport Way Ste 100		Amount of Each Disbursement this Period 9.50 Transaction ID : BB6DBFA3948244FEF93B
City Broomfield	State CO	
Zip Code 80021-2596	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1049.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 30	
	<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 10 / 11 / 2014
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 8439.00 Transaction ID : BD14F458DB2D64960AC7
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Printing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 169.12 Transaction ID : BFE12743E14654704B63
City Myrtle Beach	State SC Zip Code 29577-2351	
Purpose of Disbursement Mileage Reimbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1901 N Oak Street		Amount of Each Disbursement this Period 373.73 Transaction ID : B8C139F7E3C624EF496A
City Myrtle Beach	State SC Zip Code 29577-3142	
Purpose of Disbursement TV Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8981.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 30	
	<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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 33.04 Transaction ID : BC78D9B5269894C20B4B
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 55.93 Transaction ID : BC0E4BAFC37B543FF95E
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 46.51 Transaction ID : B08B9288ABA8944E685F
City Garden City	State SC	
Zip Code 29576	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	135.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 30	
	<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. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 7827 N Kings Hwy		Amount of Each Disbursement this Period 55.81 Transaction ID : B537334805EC3449ABBF
City Myrtle Beach	State SC Zip Code 29572-3054	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 72.11 Transaction ID : B584E6658A35E471CA16
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 12.96 Transaction ID : B2A3D378375F74F9C848
City Myrtle Beach	State SC Zip Code 29577-3040	
Purpose of Disbursement Office Supplies	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	140.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 30	
	<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. Flowers By Richard		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2817 N Oak Street		Amount of Each Disbursement this Period 91.80 Transaction ID : B0A93BF9707F043AD941
City Myrtle Beach	State SC	
Zip Code 29577-3133	Purpose of Disbursement Flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 144 2nd St Fl 1		Amount of Each Disbursement this Period 58.50 Transaction ID : BBD0CDACBB4CF4476976
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement CC Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	150.30
TOTAL This Period (last page this line number only).....	17796.48

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : C1955110F2BCF4ACF973
TOM RICE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) Tom Rice	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2012
Mailing Address 5100 N Ocean Blvd		

City	State	ZIP Code
Myrtle Beach	SC	29577-2541

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	26000.00	24000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 19 / Y 2012	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	24000.00
TOTALS This Period (last page in this line only).....	24000.00

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