

# 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

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
11 / 27 / 2012 through 12 / 31 / 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 M M / D D / Y Y Y Y  
01 / 31 / 2013

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TOM RICE FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7250.00	13625.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7250.00	13625.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25684.91	116346.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	57.60	57.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25627.31	116289.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	106754.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	69500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TOM RICE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1250.00	7500.00
(ii) Unitemized.....	0.00	125.00
(iii) TOTAL of contributions from individuals ▶	1250.00	7625.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	6000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7250.00	13625.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	57.60	57.60
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7307.60	13682.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25684.91	116346.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5500.00	30500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5500.00	30500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	100.00	1100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	31284.91	147946.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130731.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7307.60
25. SUBTOTAL (add Line 23 and Line 24).....	138038.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31284.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106754.08

**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 18
	<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)  
**Mark Ousley**

Mailing Address 407 Pine Cir

City Myrtle Beach State SC Zip Code 29572-4742

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

Name of Employer Allstate Insurance Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : 30127.C3417**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Clyde A. Selleck, III**

Mailing Address 501 Chamblee Blvd

City Greenville State SC Zip Code 29615-6740

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

Name of Employer Michelin North America Occupation President

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 Y  
 12 / 05 / 2012

**Transaction ID : 21206.C3415**

Amount of Each Receipt this Period  
 Receipt 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 Y

Amount of Each Receipt this Period  
 Receipt

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

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

1250.00

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 6 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

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 Y Y  
 12 / 21 / 2012

**Transaction ID : 30127.C3418**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Primary 2012

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : 30127.C3416**

Amount of Each Receipt this Period  
 Receipt 5000.00

**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 Y

Amount of Each Receipt this Period

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

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

6000.00

6000.00

**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 7 OF 18			
	<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) <b>A. BNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 1062.62
City Glendale	State AZ	
Zip Code 85308-		Transaction ID : 30127.E970
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 728.26
City Glendale	State AZ	
Zip Code 85308-		Transaction ID : 30127.E971
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sara Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 534.15
City Marion	State SC	
Zip Code 29571-		Transaction ID : 30127.E976
Purpose of Disbursement Salary	Category/ Type	
Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2325.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Sara Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 534.15
City Marion	State SC	
Zip Code 29571-	Purpose of Disbursement Salary	Transaction ID : 30127.E977
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 267.00
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Meeting-Meals	Transaction ID : 30127.E945
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 227.80
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Meeting-Meals	Transaction ID : 30127.E946
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1028.95
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 29.81
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Meeting-Meals		Candidate Name	Transaction ID : 30127.E947
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)		Category/ Type	MEETING-MEALS
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 200 C Street SE			Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 430.25
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : 30127.E948
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)		Category/ Type	TRAVEL
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Jonathan Dix</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 118 Mallard St			Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 767.56
City Greenville	State SC	Zip Code 29601-	
Purpose of Disbursement Salary		Candidate Name	Transaction ID : 30127.E963
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)		Category/ Type	SALARY
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1227.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Huckaby Davis Lisker</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 6005.40
City Alexandria	State VA	
Zip Code 22314-5404	Purpose of Disbursement Compliance Consulting	Transaction ID : 30127.E958
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kangaroo Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 251.25
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Transaction ID : 30127.E965
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 144 2nd St., 1st Fl.		Amount of Each Disbursement this Period 0.45
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Online Processing	Transaction ID : 30127.E997
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE PROCESSING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6257.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Progress Energy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 232.70
City Raleigh	State NC	Zip Code 27602-
Purpose of Disbursement Utilities	Category/Type <b>UTILITIES</b>	
Candidate Name	Transaction ID : 30127.E972	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacob Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 353.98
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary	Category/Type <b>SALARY</b>	
Candidate Name	Transaction ID : 30127.E960	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 353.98
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary	Category/Type <b>SALARY</b>	
Candidate Name	Transaction ID : 30127.E959	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	940.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Lee Ann Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 3771 Rice Hope Ct.		Amount of Each Disbursement this Period 355.48 <b>Transaction ID : 30127.E966</b>
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		Category/ Type <b>SALARY</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Lee Ann Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 3771 Rice Hope Ct.		Amount of Each Disbursement this Period 355.48 <b>Transaction ID : 30127.E967</b>
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		Category/ Type <b>SALARY</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 280.89 <b>Transaction ID : 30127.E985</b>
City Myrtle Beach	State SC	
Purpose of Disbursement Travel		Category/ Type <b>TRAVEL</b>
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	991.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 1559.92
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Travel	Transaction ID : 30127.E986
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 3363.83
City Lexington	State SC	
Zip Code 29072-	Purpose of Disbursement Direct Mail	Transaction ID : 30127.E981
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Mace Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 108 N. Norfolk Way		Amount of Each Disbursement this Period 1426.75
City Goose Creek	State SC	
Zip Code 29445-7102	Purpose of Disbursement Web Services	Transaction ID : 30127.E984
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEB SERVICES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6350.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. USAir</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012	
Mailing Address 4000 E Sky Harbor Blvd			Amount of Each Disbursement this Period 75.00	
City Phoenix	State AZ	Zip Code 85034-	Transaction ID : 30127.E993	
Purpose of Disbursement Travel		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			TRAVEL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAir</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012	
Mailing Address 4000 E Sky Harbor Blvd			Amount of Each Disbursement this Period 2210.10	
City Phoenix	State AZ	Zip Code 85034-	Transaction ID : 30127.E994	
Purpose of Disbursement Travel		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			TRAVEL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012	
Mailing Address MB Main PO			Amount of Each Disbursement this Period 65.53	
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 30127.E992	
Purpose of Disbursement Postage		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			POSTAGE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2350.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Salary	Transaction ID : 30127.E961
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Salary	Transaction ID : 30127.E962
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Travis Worthy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 373.17
City Surfside Beach	State SC	
Zip Code 29587-4231	Purpose of Disbursement Salary	Transaction ID : 30127.E990
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2818.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Travis Worthy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 373.17
City Surfside Beach	State SC	
Zip Code 29587-4231	Purpose of Disbursement Salary	Transaction ID : 30127.E991
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)	SALARY
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	373.17
<b>TOTAL</b> This Period (last page this line number only).....	24664.00



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

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

Full Name (Last, First, Middle Initial) <b>A. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : 30127.E988</b>
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Repay Loan Made/Guar. by Cand Loan Repay	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2012	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 30127.E987</b>
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Repay Loan Made/Guar. by Cand Loan Repay	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 2012	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00

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

NAME OF COMMITTEE (In Full) Transaction ID : LS20822.C2147  
**TOM RICE FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Tom Rice	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2012
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
100000.00	30500.00	69500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2012	M 12 / D 31 / Y 2014	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="69500.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="69500.00"/>

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