

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))....	97319.48	581632.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	97319.48	580132.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	210942.17	669205.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	128.57	1106.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	210813.60	668099.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8553.56	
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).....	100000.00	

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).....	88909.48	541832.68
(ii) Unitemized.....	3910.00	26800.00
(iii) TOTAL of contributions from individuals ▶	92819.48	568632.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	13000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	97319.48	581632.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	128.57	1106.39
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)..... ▶	147448.05	682739.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	210942.17	669205.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS	0.00	3480.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	210942.17	674185.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	72047.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	147448.05
25. SUBTOTAL (add Line 23 and Line 24).....	219495.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	210942.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8553.56

**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 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. R. Linwood Altman

Mailing Address P.O. Box 164

City State Zip Code
Pawley's Island SC 29585

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period
500.00

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

Mailing Address 2512 Edgefield Rd.

City State Zip Code
Florence SC 29501

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11AI.6621

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Denise M. Apple

Mailing Address 8800 North Ocean Blvd.

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.6487

Amount of Each Receipt this Period
2500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. James Apple Jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address 9407 Lake Drive		Transaction ID : SA11AI.6757	
City Myrtle Beach	State SC	Zip Code 29572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Burroughs & Chapin	Occupation President & CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert Steven Bass		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address 4708 Oleander Drive		Transaction ID : SA11AI.6416	
City Myrtle Beach	State SC	Zip Code 29577	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Retired	Occupation Radiation Oncologist		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) C. Mr. Frank Beattie		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012	
Mailing Address 494 Hopsewee Rd.		Transaction ID : SA11AI.6718	
City Georgetown	State SC	Zip Code 29440	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Hopsewee Plantation	Occupation CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address P.O. Box 7522

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Beckham Management, Inc. Management Services

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.6481

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Emma L. Benton

Mailing Address 402 Fairway Rd.

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11AI.6413

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert D. Bibb

Mailing Address 917 Medical Cir.

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11AI.6434

Amount of Each Receipt this Period
1500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. William S. Biggs		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2012
Mailing Address 1001 Plum Lane		Transaction ID : SA11AI.6459
City Anderson	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Franklin C. Blanton		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012
Mailing Address 6386 Maple Wild Rd.		Transaction ID : SA11AI.6640
City Nichols	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Mr. Franklin C. Blanton		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012
Mailing Address 6386 Maple Wild Rd.		Transaction ID : SA11AI.6645
City Nichols	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<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. Stephen E. Boatwright

Mailing Address 100 White Dove Ln.

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6784

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Harold D. Branton

Mailing Address Post Office Box 1175

City Myrtle Beach State SC Zip Code 29578

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

Name of Employer Branton Law Firm Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6464

Amount of Each Receipt this Period
1000.00

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

Mailing Address 715 Brockington Lane

City Florence State SC Zip Code 29501

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

Name of Employer Aiken Bridges Law Firm Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1799.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2012

Transaction ID : SA11AI.6504

Amount of Each Receipt this Period
799.93
In-kind - Catering

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

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

2299.93

**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 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 715 Brockington Lane

City Florence State SC Zip Code 29501

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

Name of Employer Aiken Bridges Law Firm Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2799.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.6488

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. George Buchanan

Mailing Address 400 Bridge Street

City Danville State VA Zip Code 24541

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

Name of Employer GBB Properties, LLC. Occupation Real Estate Developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1430.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11AI.6639

Amount of Each Receipt this Period
430.00

C. Full Name (Last, First, Middle Initial)
Mrs. Eleanor Burns

Mailing Address 1213 Barnwell Bluff

City Beaufort State SC Zip Code 29902

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.6775

Amount of Each Receipt this Period
250.00

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

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

1680.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Carol B. Burroughs		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address 8215 Timber Ridge Rd		Transaction ID : SA11AI.6772	
City Conway	State SC	Zip Code 29526	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BB&T	Occupation Account Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date _____ 1950.00		

Full Name (Last, First, Middle Initial) B. Mrs. Carolyn H. Calhoun		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2012	
Mailing Address 48 Basilica Ave. N.		Transaction ID : SA11AI.6433	
City Hanahan	State SC	Zip Code 49410	Amount of Each Receipt this Period _____ 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date _____ 5000.00		

Full Name (Last, First, Middle Initial) C. C. Cam Cecil		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012	
Mailing Address 1225 Partridge Rd.		Transaction ID : SA11AI.6462	
City Spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Healthcare		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3600.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Douglas M. Cecil

Mailing Address Post Office Box 3347

City Spartanburg State SC Zip Code 29304

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

Name of Employer Requested Occupation Requested

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Susan S. Chapman

Mailing Address 15 Valencia Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Requested Occupation Requested
Senator Lindsey Graham Field Rep

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period
400.05

In-kind - Catering

C. Full Name (Last, First, Middle Initial)
Susan S. Chapman

Mailing Address 15 Valencia Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Requested Occupation Requested
Senator Lindsey Graham Field Rep

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1204.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11AI.6501

Amount of Each Receipt this Period
804.50

In-kind - Catering

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

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

2204.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Mary D. Connolly		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address 1639 Brookhaven Close		Transaction ID : SA11AI.6790	
City Atlanta	State GA	Zip Code 30319	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. T. J. Connolly1 II		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address 1639 Brookhaven Close		Transaction ID : SA11AI.6788	
City Atlanta	State GA	Zip Code 30319	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Connolly Realty Services, Inc.	Occupation Real Estate		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Mrs. Marcia Constance		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012	
Mailing Address 6466 Plantersville Rd.		Transaction ID : SA11AI.6700	
City Georgetown	State SC	Zip Code 29440	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	4250.00
TOTAL This Period (last page this line number only).....	4250.00

**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 76
	<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)
Richard C. Cooke Jr.

Mailing Address **PO Box 808**

City **Lake View** State **SC** Zip Code **29563**

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

Name of Employer **Cooke Associates Inc.** Occupation **President/CEO**

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

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11AI.6460

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Lloyd Coppedge

Mailing Address **315 Oceanview Dr.**

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

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

Name of Employer **Wolverine Brass** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11AI.6251

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary W. Crawford

Mailing Address **P.O. Box 508**

City **Florence** State **SC** Zip Code **29503**

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

Name of Employer **Self** Occupation **Attorney**

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

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.6792

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) DD Housing Resources LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address PO Box 160		Transaction ID : SA11AI.6498	
City Aynor	State SC	Zip Code 29511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Partnership-See Memo	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Mr. David D. Douglas		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address P.O. Box 160		Transaction ID : SA11AI.6498.0	
City Aynor	State SC	Zip Code 29511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation Self Developer		Itemization-DD Housing Resources LLC	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Mr. William W. Deschamps		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2012	
Mailing Address 680 Fernwood		Transaction ID : SA11AI.6657	
City Murrells Inlet	State SC	Zip Code 29576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Occupation Self Attorney		[MEMO ITEM]	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Vernie E. Dove

Mailing Address 9409 Cove Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.6706

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Laura Durant

Mailing Address 402 43rd Avenue North

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Webster Rogers Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 300 N. Ocean Blvd.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer Avista Resort Occupation General Manager

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.6426

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 17 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Peter J. Fitzpatrick

Mailing Address P.O. Box 410

City State Zip Code
Myrtle Beach SC 29578

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

Name of Employer Occupation
Self Accountant

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11AI.6661

Amount of Each Receipt this Period
500.00

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

Mailing Address 518 Rosewood Dr.

City State Zip Code
Florence SC 29501

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

Name of Employer Occupation
Carolina Medical Alliance Surgeon

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2800.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2012

Transaction ID : SA11AI.6446

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Marion E. Freeman Jr.

Mailing Address 518 Mt. Gilead Rd.

City State Zip Code
Murrells Inlet SC 29576

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

Name of Employer Occupation
Conway National Bank Commercial Banker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11AI.6648

Amount of Each Receipt this Period
250.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Marion E. Freeman Jr.

Mailing Address 518 Mt. Gilead Rd.

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

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

Name of Employer Conway National Bank	Occupation Commercial Banker
--	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2012

Transaction ID : SA11AI.6667

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Rainnie Furr

Mailing Address 3713 Savannah Loop

City Oviedo	State FL	Zip Code 32765
----------------	-------------	-------------------

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

Name of Employer Chubb Insurance	Occupation Loss Control
-------------------------------------	----------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.6630

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Andrea Denise Gray

Mailing Address 5410 Hampton Cir.

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

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

Name of Employer Blue Green Corp.	Occupation Director
--------------------------------------	------------------------

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period
2500.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 76
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 1598 Midway Rd.

City State Zip Code
Cheraw SC 29520

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

Name of Employer Requested Occupation Requested

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.6685

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Gunter Jr.

Mailing Address 1970 Gray Oaks Dr.

City State Zip Code
Conway SC 29526

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

Name of Employer Requested Occupation Requested
FBI Construction Vice President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6733

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Joe Hackler

Mailing Address 61 Bayberry Lane

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Requested Occupation Requested
Self Restauranteur

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6786

Amount of Each Receipt this Period
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 1706 Magnolia Dr.

City North Myrtle Beach State SC Zip Code 29582

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

Name of Employer Hardee Construction Occupation Contractor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6766

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Harrington

Mailing Address 5704 Woodside Ave.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Harrington Construction, Inc. Occupation Construction

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian C. Harsha

Mailing Address 708 21st Ave. N.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Oral Surgeon

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6763

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard Heath

Mailing Address P.O. Box 15969

City State Zip Code
Surfside Beach SC 29587

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

Name of Employer Occupation
Self Accountant

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. M. Edward Hinds Jr.

Mailing Address 144 Cabana Rd.

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Bellamy Law Firm Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.6750

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael R. Hogan

Mailing Address 1359 21st Ave. N

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
BBT PS&H Insurance Salesman

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.6770

Amount of Each Receipt this Period
500.00

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 22 OF 76
	<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. Lawrence B. Holt Jr.

Mailing Address 1529 Cadiz Drive

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Coastal Cancer Society Occupation Doctor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period
1000.00

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

Mailing Address 612 Camellia Cir.

City Florence State SC Zip Code 29501

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.6682

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Wanda L. Howard

Mailing Address 1890 Arundel Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period
500.00

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 23 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 4220 Siwel Rd.

City State Zip Code
Conway SC 29526

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

Name of Employer Occupation
Horry County Cooperative Executive VP

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Jackson

Mailing Address 530 Ridgewood Dr.

City State Zip Code
Florence SC 29501

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

Name of Employer Occupation
Remax Real Estate Broker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : SA11AI.6686

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Timothy Jemison

Mailing Address 403 36th Ave. N.

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Chicora Development Realtor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. RA Johnson

Mailing Address 1831 Johnson Shortcut Rd.

City Galivants Ferry State SC Zip Code 29544

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

Name of Employer Johnson Farms Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2012

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. W. Tim Johnson Jr.

Mailing Address 105 Park Avenue

City Conway State SC Zip Code 29526

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6809

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael K. Jones

Mailing Address 308 Oceanview Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Investor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6739

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Kilgo Jr.

Mailing Address P.O. Box 583

City State Zip Code
Darlington SC 29540

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

Name of Employer Occupation
Self Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Kiskaunas

Mailing Address 7881 San Marcello Dr.

City State Zip Code
Myrtle Beach SC 29579

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

Name of Employer Occupation
Plantationpp. Financial Cor President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. AH Lachicotte

Mailing Address 10554 Ocean Highway

City State Zip Code
Pawleys Island SC 29585

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

Name of Employer Occupation
Lachicotte Realty Real Estate Sales

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. William E. Lawson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012	
Mailing Address 1220 Pinewood Cir		Transaction ID : SA11AI.6635	
City Conway	State SC	Zip Code 29526	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Turner Padget	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas V. Leonard		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address 376 Rum Gully Rd.		Transaction ID : SA11AI.6715	
City Murrells Inlet	State SC	Zip Code 29576	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer State Farm	Occupation Insurance Sales		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Andrew Lesnik		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address 265 Patterson Dr.		Transaction ID : SA11AI.6759	
City Myrtle Beach	State SC	Zip Code 29572	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Self		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Ann M. Lill

Mailing Address 802 Mast Ct.

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.6443

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Ruyard Lively

Mailing Address 2114 North Berwick Dr.

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer Lively Consulting Services Occupation Consulting

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.6713

Amount of Each Receipt this Period
250.00

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

Mailing Address 41 Fernie Lane

City Rembert State SC Zip Code 29128

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

Name of Employer GM Wilson Group Occupation Nursing Home Management

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6701

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<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. Joseph Maggioncalda

Mailing Address 134 N. Gate Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period
500.00

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

Mailing Address 3201 Mr Joe White Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Mancill Electric Occupation Contractor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6456

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Bob Mauragas

Mailing Address 1060 Spring Valley Way

City Bishop State GA Zip Code 30621

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

Name of Employer National Golf Management Occupation President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6735

Amount of Each Receipt this Period
250.00

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 29 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Kenneth L. McKelvey		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2012	
Mailing Address 500 15th Ave. S.		Transaction ID : SA11AI.6430	
City N. Myrtle Beach	State SC	Zip Code 29582	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Defender Resort Management	Occupation President/CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. Dr. James O. Merritt III		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012	
Mailing Address 316 Wildwood Dunes Tr.		Transaction ID : SA11AI.6716	
City Myrtle Beach	State SC	Zip Code 29572	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Grand Strad Regional Medical Center	Occupation Orthopedic Surgeon		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Mr. William M. Musser		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address 178 Alexander Circle		Transaction ID : SA11AI.6799	
City Columbia	State SC	Zip Code 29206	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer McNair Law Firm	Occupation Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John L. Napier

Mailing Address Post Office Box 2874

City State Zip Code
Pawleys Island SC 29585

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11AI.6638

Amount of Each Receipt this Period
500.00

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

Mailing Address 3917 Kenilworth Rd.

City State Zip Code
Columbia SC 29205

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

Name of Employer Occupation
Pitts Radiology Physician

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11AI.6424

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. W. Gairy Nichols III

Mailing Address 128 Atlantic Avenue

City State Zip Code
Garden City SC 29576

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

Name of Employer Occupation
Dunes Realty Realtor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.6711

Amount of Each Receipt this Period
200.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 4221 Byrnes Blvd

City Florence State SC Zip Code 29506

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

Name of Employer ADP Occupation Salesperson

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.6445

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Dr. E. C. O'Bryan Jr.

Mailing Address 800 E. Cheves St. Ste 200

City Florence State SC Zip Code 29506

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6811

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Edward O'Connor

Mailing Address 942 Tarry Post Court

City Suwanee State GA Zip Code 30024

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period
2000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Patrick F. Odea

Mailing Address 7601 Kingswood Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period
250.00

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

Mailing Address 217 81st Avenue North

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11AI.6618

Amount of Each Receipt this Period
500.00

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

Mailing Address 274 Doral Dr.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<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)
Michel Qhirkew

Mailing Address 32 Dolphin Point Dr.

City Beaufort State SC Zip Code 29907

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

Name of Employer Self Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11AI.6628

Amount of Each Receipt this Period
 600.00

B. Full Name (Last, First, Middle Initial)
Mr. Albert Ted Quantz Jr.

Mailing Address 394 Dune Oaks Drive

City Georgetown State SC Zip Code 29440

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

Name of Employer Self Employed Occupation Salesman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2012

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period
 500.00

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

Mailing Address P.O. Box 416

City Conway State SC Zip Code 29526

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

Name of Employer Ray Realty Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period
 250.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 34 OF 76
(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)
Ms. Katherine M. Rice

Mailing Address Post Office Box 1773

City State Zip Code
Myrtle Beach SC 29578

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6457

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. William F. Rinehart

Mailing Address 4509 Carriage Run Court

City State Zip Code
Murrells Inlet SC 29576

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

Name of Employer Occupation
Self Oral Surgeon

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6761

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Janet S. Rockey

Mailing Address 790 Wallace Pate Dr.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Rogers

Mailing Address P.O. Box 2398

City Myrtle Beach State SC Zip Code 29578

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. WJ Root

Mailing Address 4091 Coyledom Ct.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Global Physics Solutions Occupation Physicist

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11AI.6708

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. David J. Searcy

Mailing Address 2228 Windsor Forest Dr.

City Florence State SC Zip Code 29501

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

Name of Employer Palmetto Packaging Occupation President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11AI.6659

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 36 OF 76
(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)
Ed Shelley

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Shelley Farms Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period
 1500.00

4000.00

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

Mailing Address 1610 Parkins Mill Rd.

City Greenville State SC Zip Code 29607

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

Name of Employer Self Occupation Real Estate Appraiser

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.6479

Amount of Each Receipt this Period
 1000.00

1000.00

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

Mailing Address 85 Bonnyneck Dr.

City Georgetown State SC Zip Code 29440

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period
 200.00

400.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James M. Singleton

Mailing Address 306 Wildwood Dunes Trail

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer New South Companies Occupation Business Management

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6714

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph F. Singleton

Mailing Address P.O. Box 1244

City Conway State SC Zip Code 29528

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

Name of Employer Singleton Burroughs & Young Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.6662

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Christi H. Sloan

Mailing Address 112 Twinoak Court

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11AI.6447

Amount of Each Receipt this Period
2500.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Sammy Spann Jr.

Mailing Address 538 Fernwood Road

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer: Spann Roofing Occupation: Contractor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 3500.00

Date of Receipt: 06 / 18 / 2012

Transaction ID : SA11AI.6437

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 411 Rum Gully Road

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer: Ponderosa, Inc. Occupation: Manager

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 1750.00

Date of Receipt: 06 / 15 / 2012

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1382 Lazar Pl.

City Florence State SC Zip Code 29501

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

Name of Employer: Info Requested Occupation: Info Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 29 / 2012

Transaction ID : SA11AI.6804

Amount of Each Receipt this Period: 500.00

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 39 OF 76
	<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)
Marion Swink

Mailing Address 6615 South Irby St.

City Effingham State SC Zip Code 29541

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

Name of Employer Mcall Farms Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6748

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Barry Thigpen

Mailing Address 5111 N. Kings Hwy

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer ReMax Ocean Forest Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6767

Amount of Each Receipt this Period
 150.00

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

Mailing Address 804 Tillson Rd.

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer Century 21 Real Estate Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6795

Amount of Each Receipt this Period
 500.00

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James M. Vaught

Mailing Address 1406 Main Street

City State Zip Code
Conway SC 29526

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

Name of Employer Occupation Info Requested
Info Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Vivian E. Vereen

Mailing Address 302 Lafayette Road

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation Info Requested
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.6798

Amount of Each Receipt this Period
275.00

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

Mailing Address 1403 Highland Circle

City State Zip Code
Myrtle Beach SC 29575

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

Name of Employer Occupation Info Requested
The Jackson Companies President & CEO

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6698

Amount of Each Receipt this Period
500.00

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

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

1775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. J. Collins Wakefield

Mailing Address 5912 Haskell Circle

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Ruan Westraad

Mailing Address 1002 Old Bridge Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Sexton Dental Clinic Occupation President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period
250.00

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

Mailing Address 2483 River Bluff Ln.

City Mt. Pleasant State SC Zip Code 29466

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

Name of Employer Laure Baye Healthcare Occupation President/CEO

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.6465

Amount of Each Receipt this Period
2000.00

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

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

2750.00

**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 42 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Roxanne Williams

Mailing Address 404 36th Avenue North

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period
150.00

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

Mailing Address P.O. Box 1382

City Georgetown State SC Zip Code 29442

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.6721

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Sylvia Wood

Mailing Address 26 Chapin Circle

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Alabama Theater Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Claire W. Yarborough

Mailing Address 89 Barony View Ct.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6794

Amount of Each Receipt this Period
250.00

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

Mailing Address 815 St. Charles Rd.

City State Zip Code
N. Myrtle Beach SC 29582

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

Name of Employer Occupation
Hoskins Restautant Owner

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.6771

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 Y

Amount of Each Receipt this Period

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

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

1250.00

88909.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<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)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11C.6494

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 1398

City MURFREESBORO State TN Zip Code 37130

FEC ID number of contributing federal political committee. **C** C00153445

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11C.6468

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
UNAKA COMPANY POLITICAL ACTION COMMITTEE INC

Mailing Address 1500 INDUSTRIAL RD

City GREENEVILLE State TN Zip Code 37743

FEC ID number of contributing federal political committee. **C** C00371229

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11C.6496

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76
	<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)
UNITED HEALTH SERVICES PAC, INC.

Mailing Address 211 EAST DOYLE STREET

City TOCCOA State GA Zip Code 30577

FEC ID number of contributing federal political committee. **C** C00400135

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11C.6467

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 46 OF 76
<input type="checkbox"/> 11a 12	<input checked="" 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)
TOM RICE

Mailing Address 5100 NORTH OCEAN BLVD

City MYRTLE BEACH State SC Zip Code 29577

FEC ID number of contributing federal political committee. **C** H2SC07066

Name of Employer Self Occupation Businessman

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA13A.6449

Amount of Each Receipt this Period
50000.00

From Personal Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

50000.00

50000.00

**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 47 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period 38.53
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Accounting	Transaction ID : SB17.6529
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period 38.53
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Accounting	Transaction ID : SB17.6530
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jeff Alderman		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 1404 Reid Ct.		Amount of Each Disbursement this Period 500.00
City Myrtle Beach	State SC	
Zip Code 29588	Purpose of Disbursement Salary	Transaction ID : SB17.6515
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	577.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 76	
	<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. Banana Jack Murphy Productions		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address PO Box 578		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6534
City Loris	State SC Zip Code 29569	
Purpose of Disbursement Media Buy	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address Store #116		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.6536
City Myrtle Beach	State SC Zip Code 29577	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Black Bear Golf Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address Highway 9		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6538
City North Myrtle Beach	State SC Zip Code 29582	
Purpose of Disbursement Meeting Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1020.00
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 49 OF 76			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period 2541.11
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.6539
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 3751 Grissom Parkway Suite 100		Amount of Each Disbursement this Period 1620.34
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.6540
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Saunders M. Bridges Jr.		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2012
Mailing Address 715 Brockington Lane		Amount of Each Disbursement this Period 799.93
City Florence	State SC	
Zip Code 29501	Purpose of Disbursement In-kind - Catering	Transaction ID : SB17.6505
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4961.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 76			
	<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. Susan S. Chapman		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 15 Valencia Dr.		Amount of Each Disbursement this Period 400.05 Transaction ID : SB17.6506
City Myrtle Beach	State SC	
Zip Code 29572	Purpose of Disbursement In-kind - Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Susan S. Chapman		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 15 Valencia Dr.		Amount of Each Disbursement this Period 804.50 Transaction ID : SB17.6507
City Myrtle Beach	State SC	
Zip Code 29572	Purpose of Disbursement In-kind - Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. Coggin Security		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address P.O. Box 8608		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.6544
City Myrtle Beach	State SC	
Zip Code 29578	Purpose of Disbursement Security System	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).....	1294.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charles Crawford		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 819 shem Creek Cir.		Amount of Each Disbursement this Period 1065.79
City Myrtle Beach	State SC	
Zip Code 29588	Purpose of Disbursement Salary	Transaction ID : SB17.6510
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charles Crawford		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 819 shem Creek Cir.		Amount of Each Disbursement this Period 281.48
City Myrtle Beach	State SC	
Zip Code 29588	Purpose of Disbursement Salary	Transaction ID : SB17.6511
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Cumulus Murrells Inlet		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 11640 Highway 17 Bypass		Amount of Each Disbursement this Period 942.00
City Murrells Inlet	State SC	
Zip Code 29576	Purpose of Disbursement Media Buy	Transaction ID : SB17.6546
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2289.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 76			
	<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. Jonathan Dix		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 118 Mallard St.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6519
City Greenville State SC Zip Code 29601	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Dix		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 118 Mallard St.		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.6520
City Greenville State SC Zip Code 29601	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Fed Ex		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 1170 Seaboard St.		Amount of Each Disbursement this Period 10.89 Transaction ID : SB17.6549
City Myrtle Beach State FL Zip Code 29577	Purpose of Disbursement Postage/Shipping	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	310.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Fed Ex		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		14		2012
M M	/	D D	/	Y Y Y Y								
06		14		2012								
Mailing Address 1170 Seabord St.		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	FL 29577	<table border="1"> <tr> <td>20.90</td> </tr> </table>	20.90									
20.90												
Purpose of Disbursement Postage/Shipping	Category/Type	Transaction ID : SB17.6550										
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Fidelity Broadcasting		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>11</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		11		2012
M M	/	D D	/	Y Y Y Y								
06		11		2012								
Mailing Address 3926 Wesley St., #301		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29579	<table border="1"> <tr> <td>856.80</td> </tr> </table>	856.80									
856.80												
Purpose of Disbursement Media Buy	Category/Type	Transaction ID : SB17.6552										
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Fidelity Broadcasting		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		19		2012
M M	/	D D	/	Y Y Y Y								
06		19		2012								
Mailing Address 3926 Wesley St., #301		Amount of Each Disbursement this Period										
City	State Zip Code											
Myrtle Beach	SC 29579	<table border="1"> <tr> <td>1666.00</td> </tr> </table>	1666.00									
1666.00												
Purpose of Disbursement Media Buy	Category/Type	Transaction ID : SB17.6553										
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2543.70</td> </tr> </table>	2543.70
2543.70		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 1167.35 Transaction ID : SB17.6527
City Snow Camp	State NC Zip Code 27349	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tyson Grinstead		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 6239 Hoagie Creek		Amount of Each Disbursement this Period 805.02 Transaction ID : SB17.6528
City Snow Camp	State NC Zip Code 27349	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Huckaby Davis Lisker		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 228 South Washington St. Suite 115		Amount of Each Disbursement this Period 2006.40 Transaction ID : SB17.6556
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Compliance Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3978.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76			
	<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 06 / 24 / 2012
Mailing Address 3791 Oleander Dr.		Amount of Each Disbursement this Period 248.50 Transaction ID : SB17.6557
City Myrtle State SC Zip Code 29577	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2012
Mailing Address 3791 Oleander Dr.		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.6558
City Myrtle State SC Zip Code 29577	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) C. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 3791 Oleander Dr.		Amount of Each Disbursement this Period 63.50 Transaction ID : SB17.6559
City Myrtle State SC Zip Code 29577	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	248.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 76			
	<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 06 / 26 / 2012	
Mailing Address 3791 Oleander Dr.			Amount of Each Disbursement this Period 125.00	
City Myrtle	State SC	Zip Code 29577	Transaction ID : SB17.6560	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Kangaroo Express			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012	
Mailing Address 3791 Oleander Dr.			Amount of Each Disbursement this Period 71.50	
City Myrtle	State SC	Zip Code 29577	Transaction ID : SB17.6561	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Lands End			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 444 Marina Dr.			Amount of Each Disbursement this Period 1083.24	
City Georgetown	State SC	Zip Code 29440	Transaction ID : SB17.6563	
Purpose of Disbursement Event Catering		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).....	1279.74
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 76	
	<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. Logan Furr		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 3713 Savannah Loop Rd.		Amount of Each Disbursement this Period 658.92 Transaction ID : SB17.6567
City Oveido State FL Zip Code 32765	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Logan Furr		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 3713 Savannah Loop Rd.		Amount of Each Disbursement this Period 187.01 Transaction ID : SB17.6568
City Oveido State FL Zip Code 32765	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. LongBeards		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 5040 Carolina Forest Blvd.		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.6570
City Myrtle Beach State SC Zip Code 29577	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2045.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lowes Foods		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address Store #234 Grand Dunes		Amount of Each Disbursement this Period 50.33
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Event Catering	Transaction ID : SB17.6572
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lowes Foods		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address Store #234 Grand Dunes		Amount of Each Disbursement this Period 128.99
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Event Catering	Transaction ID : SB17.6571
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Marriott Courtyard		Date of Disbursement MM / DD / YYYY 06 / 17 / 2012
Mailing Address 2680 Hospitality Blvd.		Amount of Each Disbursement this Period 110.88
City Florence	State SC	
Zip Code 29501	Purpose of Disbursement Travel	Transaction ID : SB17.6573
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	290.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 76	
	<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. McLaughlin Company		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address 1825 Brigadoone Lane		Amount of Each Disbursement this Period 479.76 Transaction ID : SB17.6575
City Myrtle Beach	State SC	
Zip Code 29505	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MGI AL-SC- Tri Media		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012
Mailing Address PO Box 25818		Amount of Each Disbursement this Period 1230.00 Transaction ID : SB17.6577
City Richmond	State VA	
Zip Code 23260	Purpose of Disbursement Media Buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Next Media Myrtle Beach		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 1016 Ocala St.		Amount of Each Disbursement this Period 418.20 Transaction ID : SB17.6579
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Media Buy	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).....	2127.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 28.33
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6580
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 113.32
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6581
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 82.00
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6582
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	223.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 171.12
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6583
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 108.95
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6584
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address 2301 N. Kings Hwy		Amount of Each Disbursement this Period 103.58
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : SB17.6585
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	383.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76			
	<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. Tina Petkova		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 561 Bridgeport Dr.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6524
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 144 2nd St., 1st Fl.		Amount of Each Disbursement this Period 425.71 Transaction ID : SB17.6586
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Quantum of Florence		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 181 E. Evans St., #311		Amount of Each Disbursement this Period 2692.80 Transaction ID : SB17.6589
City Florence	State SC	
Zip Code 29506	Purpose of Disbursement Media Buy	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).....	3418.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 76	
	<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. Quantum of Myrtle Beach		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 4841 Hwy 17 Bypass South		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.6591
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Media Buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Quantum of Myrtle Beach		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 4841 Hwy 17 Bypass South		Amount of Each Disbursement this Period 612.00 Transaction ID : SB17.6592
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Media Buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89 Transaction ID : SB17.6512
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1967.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jacob Rice		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 805.02
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6513
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lee Ann Rice		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6521
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lee Ann Rice		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 3771 Rice Hope Court		Amount of Each Disbursement this Period 819.75
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Salary	Transaction ID : SB17.6522
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2809.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 76			
	<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 06 / 07 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 22422.05 Transaction ID : SB17.6600
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 19631.78 Transaction ID : SB17.6601
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.6605
City Lexington State SC Zip Code 29072	Purpose of Disbursement Research	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	46553.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 76
	<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 06 / 22 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 1258.54 Transaction ID : SB17.6595
City Lexington State SC Zip Code 29072	Purpose of Disbursement Signage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 968.65 Transaction ID : SB17.6597
City Lexington State SC Zip Code 29072	Purpose of Disbursement Tshirt/Bumper Stickers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 17140.00 Transaction ID : SB17.6598
City Lexington State SC Zip Code 29072	Purpose of Disbursement Media Buy	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19367.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 76			
	<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 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.6593
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 1486.25 Transaction ID : SB17.6594
City Lexington State SC Zip Code 29072	Purpose of Disbursement Direct Mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 1132.16 Transaction ID : SB17.6596
City Lexington State SC Zip Code 29072	Purpose of Disbursement Telemarketing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6618.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 76			
	<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 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 39865.00
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Media Buy	Category/Type	Transaction ID : SB17.6599
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. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 19286.00
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Direct Mail	Category/Type	Transaction ID : SB17.6602
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 10776.00
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Direct Mail	Category/Type	Transaction ID : SB17.6603
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).....	69927.00
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 69 OF 76			
	<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 06 / 26 / 2012		
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 12301.00		
City Lexington	State SC	Zip Code 29072	Transaction ID : SB17.6604		
Purpose of Disbursement Direct Mail		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. The Mace Group, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012		
Mailing Address 108 North Norfolk Way			Amount of Each Disbursement this Period 3983.82		
City Goose Creek	State SC	Zip Code 29445	Transaction ID : SB17.6606		
Purpose of Disbursement Web Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. The Phillips Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012		
Mailing Address 1117 Glenwood Rd.			Amount of Each Disbursement this Period 8594.00		
City Columbia	State SC	Zip Code 29204	Transaction ID : SB17.6607		
Purpose of Disbursement Fundraising Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	24878.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 76	
	<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 06 / 08 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.6608
City Myrtle Beach	State SC	
Zip Code 29577	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.6609
City Myrtle Beach	State SC	
Zip Code 29577	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.6610
City Myrtle Beach	State SC	
Zip Code 29577	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	540.00
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 71 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2012
Mailing Address 551 Seaboard St.		Amount of Each Disbursement this Period 110.24 Transaction ID : SB17.6611
City Myrtle Beach	State SC	
Purpose of Disbursement Cell Phone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Vonage		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 23 Main St.		Amount of Each Disbursement this Period 129.80 Transaction ID : SB17.6612
City Holmdel	State NJ	
Purpose of Disbursement Telephone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2012
Mailing Address 10820 Kings Rd.		Amount of Each Disbursement this Period 126.41 Transaction ID : SB17.6613
City Myrtle Beach	State SC	
Purpose of Disbursement Tshirt/Bumper Stickers	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	366.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 76			
	<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. WeRPolitics, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 733 5th St., Ste. 220		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.6614
City Washington State DC Zip Code 20005	Purpose of Disbursement Media Production	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jennifer L. Wilson		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1135.84 Transaction ID : SB17.6516
City Myrtle Beach State SC Zip Code 29572	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jennifer L. Wilson		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1584.41 Transaction ID : SB17.6517
City Myrtle Beach State SC Zip Code 29572	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7720.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 1053.11 Transaction ID : SB17.6525
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 454.45 Transaction ID : SB17.6526
City Surfside Beach	State SC	
Zip Code 29587	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WRNN		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1016 Ocala St.		Amount of Each Disbursement this Period 357.85 Transaction ID : SB17.6616
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Media Buy	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).....	1865.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 76	
	<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. WRNN		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 1016 Ocala St.		Amount of Each Disbursement this Period 749.70
City Myrtle Beach	State SC	
Zip Code 29577	Category/ Type	Transaction ID : SB17.6617
Purpose of Disbursement Media Buy		
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
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).....	749.70
TOTAL This Period (last page this line number only).....	210358.10

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4834

TOM RICE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

TOM RICE

Primary

General

Other (specify) ▼

Mailing Address

5100 NORTH OCEAN BLVD

City

State

ZIP Code

MYRTLE BEACH

SC

29577

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

03 / 31 / 2012

Date Due

On Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50000.00

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

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

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

NAME OF COMMITTEE (In Full) **TOM RICE FOR CONGRESS** Transaction ID : **SC/10.6449**

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) Runoff
Mailing Address 5100 NORTH OCEAN BLVD		

City	State	ZIP Code
MYRTLE BEACH	SC	29577

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 19 / 2012	ON DEMAND	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).....	50000.00
TOTALS This Period (last page in this line only).....	100000.00

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