



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="102910.00"/>	<input type="text" value="674208.90"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="102910.00"/>	<input type="text" value="674208.90"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="59251.20"/>	<input type="text" value="340380.00"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="1869.91"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="59251.20"/>	<input type="text" value="338510.09"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="534742.43"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TOM RICE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12500.00	341700.00
(ii) Unitemized.....	910.00	14008.90
(iii) TOTAL of contributions from individuals ▶	13410.00	355708.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	89500.00	318500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102910.00	674208.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1869.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	102910.00	676078.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59251.20	340380.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	24000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	24000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	49434.00	221434.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	108685.20	585814.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	540517.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102910.00
25. SUBTOTAL (add Line 23 and Line 24).....	643427.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108685.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	534742.43

**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 69
	<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)  
**Matt McGinley**

Mailing Address 2503-D Harrison Street North #1210

City	State	Zip Code
Arlington	VA	22207-1640

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

Name of Employer	Occupation
Advanced Policy Consulting LLC	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A6CB0FA5EBB72422AA3D**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sam Geduldig**

Mailing Address 1101 K Street NW Ste 650

City	State	Zip Code
Washington	DC	20005-4048

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

Name of Employer	Occupation
CGCN Group	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : AC5187DD48A17496ABD7**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Squires**

Mailing Address 6443 Old Pee Dee Rd

City	State	Zip Code
Hemingway	SC	29554-3502

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

Name of Employer	Occupation
Self Employed	Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : A2BDDE64F69DB45ACAD5**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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: PAGE 6 OF 69  
(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)  
**Julia Chlopecki**

Mailing Address 1547 Evers Drive

City State Zip Code  
Mc Lean VA 22101-5006

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

Name of Employer Occupation  
Xenophon Strategies President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A88781CCDEF3348368E8**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kirsten Chadwick**

Mailing Address 601 President Ford Lane

City State Zip Code  
Alexandria VA 22302-3033

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

Name of Employer Occupation  
Fierce Government Relations Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A9600AA05A9CA4DE6B60**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Johnny M Shelley**

Mailing Address 7150 Highway 917

City State Zip Code  
Nichols SC 29581-3411

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A72678B22BAA54BA583A**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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 7 OF 69
	<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)  
**J. Charley Ray**

Mailing Address **PO Box 416**

City Conway	State SC	Zip Code 29528-0416
----------------	-------------	------------------------

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

Name of Employer Ray Realty, Inc.	Occupation Realtor
--------------------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		19		2016

**Transaction ID : A2F3324A48B814E7DA00**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cecilia P. Atkinson**

Mailing Address **1118 Willow Brook Pl**

City Mullins	State SC	Zip Code 29574-6192
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		10		2016

**Transaction ID : A0D859DDB63754F928A8**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Hatcher**

Mailing Address **5024 35th Street N**

City Arlington	State VA	Zip Code 22207-2816
-------------------	-------------	------------------------

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

Name of Employer Williams & Jensen	Occupation Principal
---------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		14		2016

**Transaction ID : A0529B2AF5CC14E19BD1**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

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

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

2000.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Tucker Schumack**

Mailing Address 2346 S Nash Street

City State Zip Code  
Arlington VA 22202-1548

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

Name of Employer Occupation  
Ogilvy Government Relations Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A1D916EC7DAB147F4812**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert Talley**

Mailing Address 304 Lloyds Lane

City State Zip Code  
Alexandria VA 22302-3709

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

Name of Employer Occupation  
Talley & Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A8560E5E83055420C824**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Danielle Maurer**

Mailing Address 5040 36th St N

City State Zip Code  
Arlington VA 22207-2947

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

Name of Employer Occupation  
Fierce Government Relations Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : AB236851EFFFFC48E4BED**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 9 OF 69
	<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)  
**Ray Galloway**

Mailing Address 2045 Timmons ville Highway

City Darlington	State SC	Zip Code 29532-7511
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FEC ID number of contributing federal political committee. **C**

Name of Employer Galloway Farms	Occupation Farmer
------------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : A0F413753C13E41DEB9A**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Tracy Taylor**

Mailing Address 205 West Glendale Ave

City Alexandria	State VA	Zip Code 22301-2452
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FEC ID number of contributing federal political committee. **C**

Name of Employer Williams & Jensen	Occupation Attorney
---------------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A3738DE1C62AB4F52A82**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Moran**

Mailing Address 2934 Piney Grove Court

City Alexandria	State VA	Zip Code 22301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Capital Area Association	Occupation Realtor Staff
--	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A3DC85D55CE7C404C9CA**

Amount of Each Receipt this Period  
250.00

Memo Item

**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: PAGE 10 OF 69  
(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)  
**Hunter Moorhead**

Mailing Address 1156 15th street, NW Suite 329

City Washington State DC Zip Code 20005-1714

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

Name of Employer Crossroads Strategies Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A549BC264947E4969A2E**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Keith Allen**

Mailing Address 1131 Highway 917 E

City Latta State SC Zip Code 29565-4124

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : AE08BF500A8D44C00BB9**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Thaddeus E. Strom**

Mailing Address 4919 Sedgwick Street NW

City Washington State DC Zip Code 20016-2326

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

Name of Employer Parry, Romani, DeConcini & Symms Occupation VP-Congressional Relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A8AE8DCC907074DEBBBF**

Amount of Each Receipt this Period  
250.00

Memo Item

**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: PAGE 11 OF 69  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Charles Welch**

Mailing Address 615 Camelia Circle

City Florence State SC Zip Code 29501-5709

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 26 / 2016

**Transaction ID : A9A11741BE4794761959**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**J. Allen Martin**

Mailing Address 10095 Lawyers Road

City Vienna State VA Zip Code 22181-2939

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

Name of Employer The Livingston Group Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A455ECF08AC7E4629A95**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jimmy David Poston**

Mailing Address 4472 Mill House Road

City Johnsonville State SC Zip Code 29555-7318

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : A2E7BA6A5A98B42359DC**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2000.00

12500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 69  
(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)  
**UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)**

Mailing Address 400 ATLANTIC STREET  
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : AF10DB92B17824B46A4E**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : A982DE20440AF4520AA5**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016

**Transaction ID : AD0A82EBE28B4469EBE7**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

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 13 OF 69
	<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)  
**UNUM PAC**

Mailing Address 1 Fountain Sq

City State Zip Code  
Chattanooga TN 37402-1306

FEC ID number of contributing federal political committee. **C** C00177436

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2016

**Transaction ID : A4DCAF1358D5049A0B9A**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RETAIL FEDERATION RETAILPAC**

Mailing Address 1101 NEW YORK AVENUE, NW  
SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : A767C6EDBFE814954A67**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CENTER

City State Zip Code  
MIDLAND MI 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

**Transaction ID : A561BE03BDC364973BEA**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 69  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**PLUM CREEK TIMBER COMPANY, INC. PAC (PLUM CREEK PAC)**

Mailing Address 601 UNION STREET  
SUITE 3100

City State Zip Code  
SEATTLE WA 98101

FEC ID number of contributing federal political committee. **C C00255224**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : ACE8B50150F0B4561839**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Traffic Safety Services Association PAC**

Mailing Address 15 Riverside Parkway  
Suite 100

City State Zip Code  
Fredericksburg VA 22406-1077

FEC ID number of contributing federal political committee. **C C00281717**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016

**Transaction ID : A701E7850A9ED42E6867**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Asian American Hotel Owner Association PAC**

Mailing Address 228 S. Washington Street  
Suite 115

City State Zip Code  
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C C00336743**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : A7AA0B8933B1E4333A23**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 69
	<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)  
**COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address One Comcast Center  
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016

**Transaction ID : A226A3D3AD43D478089F**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : AC798A335610144619C3**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A1B1632AFE1CB494EAB0**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 16 OF 69  
(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. Realtors Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 N Michigan Ave # 60611  
 City State Zip Code  
 Chicago IL 60611-4011  
 FEC ID number of contributing federal political committee. **C C00030718**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016  
**Transaction ID : A83098A360F1C4E299FB**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. AMPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Massachusetts Ave NW Ste 600 Suite 600  
 City State Zip Code  
 Washington DC 20001-7400  
 FEC ID number of contributing federal political committee. **C C00000422**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : A739605A727384B249A0**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. National Telecommun Coop. Assoc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 Wilson Blvd Fl 10  
 City State Zip Code  
 Arlington VA 22203-1839  
 FEC ID number of contributing federal political committee. **C C00004473**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : ADCAAFD07506A4827A15**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Health Care Association PAC**

Mailing Address 1201 L St NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : A50B99B6428D14FA1828**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address P.O. BOX 2875

City DAYTONA BEACH State FL Zip Code 32120

FEC ID number of contributing federal political committee. **C** C00571042

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A1029B9D4FAF44C82A68**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**General Atomics PAC**

Mailing Address P.O. Box 22930

City San Diego State CA Zip Code 92192-2930

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : ABB34DFBC7B1C474B981**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 69  
(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)  
**United Technologies Corporation PAC**

Mailing Address 1101 Pennsylvania Ave NW Fl 10  
10th Floor

City Washington State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : A8E317D5342EB4C1A9A2**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FLUOR CORPORATION PAC**

Mailing Address 403 E Capitol St SE

City Washington State DC Zip Code 20003-3810

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2016

**Transaction ID : A556FA3E4C4044679B52**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

Mailing Address 750 9TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00002261**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : AEA970C4BBC0548BD825**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 69  
(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)  
**General Electric PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900

City Washington State DC Zip Code 20004-2414

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : A50C3FDAABF264342B8C**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016

**Transaction ID : A0D3FFFA59FF94F7EA9F**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FEDERATION OF EXCHANGE ACCOMODATORS 1031 PAC**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00426874**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A0B7DA99A61824AF28FC**

Amount of Each Receipt this Period  
1500.00

Memo Item

**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 20 OF 69
	<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)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave., NW  
Suite 500 W.

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : AC1C32E03183E4EC089F**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : A5AA540E5B4BA4E6EBFA**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

Mailing Address 750 9TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A7D4DCE7F12E64B93A54**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 21 OF 69  
(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)  
**U.S. TRAVEL ASSOCIATION PAC**

Mailing Address 1100 NEW YORK AVENUE  
SUITE 450W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : A0F68BF2D65A485FAAA**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAMS AND JENSEN, PLLC POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH ST, N.W.  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00039206

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A54C29AD705CF48879EB**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AEGON USA, LLC/TRANSAMERICA CORPORATION PAC**

Mailing Address 600 13TH STREET, NW  
SUITE 400B

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : AF02D6ACE70BA405C962**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

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 22 OF 69
	<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. Textile PAC**

Full Name (Last, First, Middle Initial)  
Textile PAC

Mailing Address 469 Hospital Dr  
Suite C

City Gastonia State NC Zip Code 28054-4779

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : AFFFC1BBF25504F3BA05**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. COMCAST CORPORATION & NBCUNIVERSAL PAC**

Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION & NBCUNIVERSAL PAC

Mailing Address One Comcast Center  
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A988DBE5B59814B5CAC9**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Action Committee for Rural Electrification PAC**

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

Mailing Address 4301 Wilson Blvd.

City Arlington State VA Zip Code 22203-1867

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A2CA1449C5B844BE1BA4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

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 23 OF 69
	<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)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave., NW  
Suite 500 W.

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : AE18A945BC0574C85B97**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M Street NW

City Washington State DC Zip Code 20036-5803

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A1E8B7525499D4B428A2**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MOLINA HEALTHCARE, INC. PAC**

Mailing Address 200 OCEANGATE  
SUITE 100

City LONG BEACH State CA Zip Code 90802

FEC ID number of contributing federal political committee. **C C00430256**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A545DAC97E5E943968B7**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 69  
(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)  
**CON-WAY INC. POLITICAL ACTION COMMITTEE**

Mailing Address **2211 OLD EARHART ROAD**  
**SUITE 100**

City **ANN ARBOR** State **MI** Zip Code **48105**

FEC ID number of contributing federal political committee. **C C00110759**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 04 / 2016**

**Transaction ID : A229194BB76D54B0C809**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Independent Community Bankers PAC**

Mailing Address **1615 L Street NW**  
**Suite 900**

City **Washington** State **DC** Zip Code **20036-5623**

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : A35BCD9F7B91B4C65B2E**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Deloitte Federal PAC**

Mailing Address **PO Box 365**

City **Washington** State **DC** Zip Code **20044-0365**

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : AAF8372FA6283413DAA1**

Amount of Each Receipt this Period  
**4000.00**

Memo Item

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

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

**7000.00**



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

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

FOR LINE NUMBER: PAGE 25 OF 69  
(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)  
**ARCELORMITTAL USA GOOD GOVERNMENT**

Mailing Address 1808 Eye St. NW  
5th Floor

City Washington State DC Zip Code 20006-5416

FEC ID number of contributing federal political committee. **C C00104109**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2016

**Transaction ID : A3DB30D4738344164B1D**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Northwestern Mutual Federal Political Action Committee**

Mailing Address 720 E. Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

**Transaction ID : AC4DFFB14A9804DACB35**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Ave. NW, Ste. 56

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : AD5EF2B7CAA5421D8A3**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 69  
(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)  
**Action Committee for Rural Electrification PAC**

Mailing Address 4301 Wilson Blvd.

City State Zip Code  
Arlington VA 22203-1867

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A6818F4AC85CE46A4B29**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC**

Mailing Address 1575 I STREET, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : AFFF42F42A13745CD8E5**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 4301 Wilson Blvd.

City State Zip Code  
Arlington VA 22203-1867

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : A3BB69607E1804857A27**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 27 OF 69  
(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)  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City State Zip Code  
SPRINGFIELD MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

Transaction ID : A0DEB76A5AA3540B3A36

Amount of Each Receipt this Period  
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)  
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom DRive Suite 1100

City State Zip Code  
Reston VA 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

Transaction ID : A2EEA9711A4EC4AF1A95

Amount of Each Receipt this Period  
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)  
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE (BP EMPLOYEE PAC)

Mailing Address 501 WESTLAKE PARK BLVD

City State Zip Code  
HOUSTON TX 77079

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : A33E821E625464779A71

Amount of Each Receipt this Period  
1000.00

Memo Item

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

4500.00

**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 28 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE., NW  
SUITE 700

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : AA6DC83F7A02C4CCDA35**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Association for Advanced Life Underwriting PAC**

Mailing Address 11921 Freedom DRive  
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A8B7639F9870849509B2**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : A8E12A85B27864B3FBA5**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 1301 K St NW  
Suite 800 West

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 08 / 2016**

**Transaction ID : AABCE7F1F53E34DBAA75**

Amount of Each Receipt this Period  
 Memo Item  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Union Pacific Fund for Effective Government**

Mailing Address 700 13th St., NW  
Ste. 350

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 02 / 2016**

**Transaction ID : A6D203B54E8AD4D43B12**

Amount of Each Receipt this Period  
 Memo Item  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF**

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 / 16 / 2016**

**Transaction ID : A18343456DEAB4E5B8C7**

Amount of Each Receipt this Period  
 Memo Item  
**1000.00**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**General Dynamics Corporation PAC**

Mailing Address 2941 Fairview Park Dr Ste 100  
#100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : A25734F6D03114CFF9DF**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NRA- Political Victory Fund**

Mailing Address 11250 Waples Mill Rd

City Fairfax State VA Zip Code 22030-6003

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : A5D80801E79584F35B38**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AISI-Steel PAC**

Mailing Address 25 Massachusetts Avenue NW  
Suite 800

City Washington State DC Zip Code 20001-7406

FEC ID number of contributing federal political committee. **C C00295097**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : A38F70F5EF527421C91C**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1111 14th St., NW

City Washington State DC Zip Code 20005-5603

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 11 / 2016**

**Transaction ID : AE60785B1E98E48FCBDA**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address 1915 Rexford Road

City Charlotte State NC Zip Code 28211-3465

FEC ID number of contributing federal political committee. **C C00379628**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2016**

**Transaction ID : A3D7054BF7EC547EFAAB**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

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

Mailing Address 1015 15th St. NW  
8th Floor

City Washington State DC Zip Code 20005-2605

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2016**

**Transaction ID : A9C084B0695104AC48C4**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<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)  
**PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 700 NEWPORT CENTER DRIVE

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : A0AC010375EA747AA88A**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Nelson Mullins Riley & Scarborough PAC**

Mailing Address 1320 Main St., Fl. 17

City State Zip Code  
Columbia SC 29201-3268

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A1A8705C4E80D44CC93F**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCANA Corporation PAC**

Mailing Address PO Box 764

City State Zip Code  
Columbia SC 29202-0764

FEC ID number of contributing federal political committee. **C** C00200907

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A19779FBF4766460DA8B**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

3500.00



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

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

FOR LINE NUMBER: PAGE 33 OF 69  
(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)  
**NAMA-PAC-Natl Automatic Merchandising Assoc. PAC**

Mailing Address 20 Wacker Drive  
Suite 3500

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C C00235762**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : A8886E205A67D4A7C999**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Committee for the Advancement of Southeast Cotton**

Mailing Address 139 Prominence Court  
Suite 110

City Dawsonville State GA Zip Code 30534-8940

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

**Transaction ID : A48775B5E348A4614958**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Farm Credit Council Political Action Committee**

Mailing Address 50 F Street, NW  
Suite 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

**Transaction ID : A6E2D5213960F47D68E5**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 34 OF 69  
(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)  
**BEST BUY CO., INC EMPLOYEE POLITICAL FORUM**

Mailing Address 7601 PENN AVENUE SOUTH

City RICHFIELD State MN Zip Code 55423

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : A64AEC0570C8F4851893**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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

Memo Item

**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

Memo Item

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

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

1000.00

89500.00

**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 35 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>			Date of Disbursement MM / DD / YYYY 01 / 04 / 2016	
Mailing Address One PNC Plaza			Amount of Each Disbursement this Period 3.00	
City Pittsburgh	State PA	Zip Code 15222	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank Fee		Category/ Type	Transaction ID : <b>BD4D10DEBE8C34B31BE2</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>			Date of Disbursement MM / DD / YYYY 01 / 06 / 2016	
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 103.09	
City Myrtle Beach	State SC	Zip Code 29577-3103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : <b>B4F1A1C15E0A741E5A5D</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>			Date of Disbursement MM / DD / YYYY 01 / 06 / 2016	
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 32.55	
City Myrtle Beach	State SC	Zip Code 29577-3103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Service		Category/ Type	Transaction ID : <b>B0DDDD7B62F484493BD6</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.74
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B8122EFC8BE594BE9ACB</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Terra Davis</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B7D72868ED45340CB834</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Strategic Health Care</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1120 G Street NW #1000		Amount of Each Disbursement this Period 350.00
City Washington	State DC	
Zip Code 20005-3892	Purpose of Disbursement Event Catering/Site Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B651BC946D56C46278BE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	788.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 3258.37
City Alexandria	State VA	
Zip Code 22314-5408	Purpose of Disbursement Event Catering/Site Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>BCA6999984E534839A9B</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 103.07
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>B02B19C643F6442A0920</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>BD357916DBD364644A0D</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3592.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.75
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BDE4A34ACE0454FD3836</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B84F6FC0F878F46AD8BD</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sam Hill Entertainment Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 200 Garrett St. #I		Amount of Each Disbursement this Period 325.00
City Charlottesville	State VA	
Zip Code 22902-5662	Purpose of Disbursement Event Catering/Site Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BB9C61B41CD93463F846</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	565.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Huckaby Davis Lisker</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 11,111,111.11 Memo Item <b>Transaction ID : B1AF7395ADA544655BEB</b>
City Alexandria State VA Zip Code 22314-5404	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 11,111,111.11 Memo Item <b>Transaction ID : BA58ADE0E1CBE4E7EB24</b>
City Alexandria State VA Zip Code 22314-5408	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 11,111,111.11 Memo Item <b>Transaction ID : BBEDF136ED45248D4BBE</b>
City Myrtle Beach State SC Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11009.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B0DF901D38E4D4F1684F</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.74
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BE4091F95FEEF4BF191C</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Terra Davis</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BB6E1979FD7D74B9291A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	471.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Terra Davis</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BFE515E989F1448DC94D</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.75
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BDFE9057D112C47E38FD</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 103.07
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B0084905997114248834</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	541.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 103.09
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.74
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : B3FA2C8CAA87D49BD9AA</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : BC08AC8E3F8AF408B8B8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 103.07
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : BDC46AC7C5AA748DDB7E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	366.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Terra Davis</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B8935833C57464C07B3A</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alex Eline</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.75
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B9876BFA354B94B81A0E</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AccuChecks</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B3B50C37F728041D0B76</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	471.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Software	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B540D6E7FCC144D87877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 3.65
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement CC Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BE0676245F4E3468CB8C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 8666.70
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Credit Card Payment--See Memos	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B05547F7ADCDB4E02994
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11070.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Victor's Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 126 W Evans St		Amount of Each Disbursement this Period 407.50
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B0297CFB74E8F441682F</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 899.40
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B1E9E1F3E9CE1425D9B4</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 238.00
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B9B6EFA5FF91E416790B</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capital Grille</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address 601 Pennsylvania Ave NW			Amount of Each Disbursement this Period 249.55		
City Washington	State DC	Zip Code 20004-2601	<input type="checkbox"/> Memo Item <b>Transaction ID : B92D005C25CDB42649B4</b>		
Purpose of Disbursement Event Catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address 1105 Seaboard St			Amount of Each Disbursement this Period 18.35		
City Myrtle Beach	State SC	Zip Code 29577-6527	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BC616AE0E3C2645E1AB5</b>		
Purpose of Disbursement Office Supplies		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 98.75		
City San Francisco	State CA	Zip Code 94105-1611	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B3386A143719E4C7297D</b>		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Rambler On</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 2101 East St. Elmo Road Building 3		Amount of Each Disbursement this Period 959.76
City Austin State TX Zip Code 78744-1860	Purpose of Disbursement Event Catering	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BF5CAD74AF76C4A0D9A7</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. North Myrtle Beach Chamber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 1521 Hwy 17 S		Amount of Each Disbursement this Period 150.00
City North Myrtle Beach State SC Zip Code 29582-3905	Purpose of Disbursement Event Tickets	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B4BD2D167FEAE491BABB</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Vertical Response</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 162.00
City San Francisco State CA Zip Code 94105-1813	Purpose of Disbursement Web Services	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BB63F547014894FB0B85</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HARRIS TEETER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 289.44
City Florence	State SC	
Zip Code 29501-0000	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B2E932F0DBA0C46B7B57</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Godiva</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 333 W 34th St		Amount of Each Disbursement this Period 270.30
City New York	State NY	
Zip Code 10001-2417	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B360CE32A61E74ABFAF5</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Waldorf Astoria Boca</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 501 E Camino Real		Amount of Each Disbursement this Period 1933.12
City Boca Raton	State FL	
Zip Code 33432-6127	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B54A446AEB7B84692A28</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 991.52
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Event Catering		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : BFE59AB1A4DE14747848</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LA Chaumiere</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 2813 M St., NW			Amount of Each Disbursement this Period 462.20
City Washington	State DC	Zip Code 20007-3712	
Purpose of Disbursement Event Catering		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : B8DFA08A3795D400DBC6</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address RHOB B-339B			Amount of Each Disbursement this Period 35.90
City Washington	State DC	Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : BF7EAB8CF5508458BB9A</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 1611 Worthington Rd		Amount of Each Disbursement this Period 537.78
City West Palm Beach	State FL	
Zip Code 33409-6480	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B23AC2A5796244B2D9BD</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 8.14
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Phone Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B2865E4F91D8043AA9B0</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bright and Beautiful</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 9902B N. Kings Hwy		Amount of Each Disbursement this Period 224.70
City Myrtle Beach	State SC	
Zip Code 29572-4049	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BD677C4DDE9AC487FA2C</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 12903.82
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Credit Card Payment--See Memos	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BBC57350260084CF58C7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vertical Response</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 162.00
City San Francisco	State CA	
Zip Code 94105-1813	Purpose of Disbursement Web Services	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BF9E6B8C0A6DA4CEBBD3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 778.65
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B37C7694C3010470FA73</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12903.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Victor's Bistro</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 126 W Evans St		Amount of Each Disbursement this Period 143.80
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B6952AFF55CFE43D7914</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LA Chaumiere</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 2813 M St., NW		Amount of Each Disbursement this Period 114.60
City Washington	State DC	
Zip Code 20007-3712	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BB9C5D64B89A540D8AB6</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.68
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B58E618F7B8F8410ABC0</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Waldorf Astoria Boca</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 501 E Camino Real			Amount of Each Disbursement this Period 432.00		
City Boca Raton	State FL	Zip Code 33432-6127	Category/ Type		
Purpose of Disbursement Travel					
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B519CCA7A98C8473F99C</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Congressional Institute</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 401 Wythe St # 103			Amount of Each Disbursement this Period 1370.00		
City Alexandria	State VA	Zip Code 22314-1915	Category/ Type		
Purpose of Disbursement Event Tickets					
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BC22953893CAD4F909F6</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 2512 Virginia Ave NW			Amount of Each Disbursement this Period 11.92		
City Washington	State DC	Zip Code 20037-9997	Category/ Type		
Purpose of Disbursement Postage					
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BFEEB24176AE448DFB21</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 3045.90
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BB573AA739E184C1EBA2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 449.73
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Phone Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B58015F6A813A42AA8B2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 157.60
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BFC7E7D03B861468E975</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Rambler On</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 2101 East St. Elmo Road Building 3		Amount of Each Disbursement this Period 3999.00
City Austin State TX Zip Code 78744-1860	Purpose of Disbursement Event Catering	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BE3E3AC9A08824A5FBD9</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 258 Highway 17 N		Amount of Each Disbursement this Period 65.45
City North Myrtle Beach State SC Zip Code 29582-2938	Purpose of Disbursement Shipping	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B2146EA60EBB645759BE</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Acqua al 2</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period 138.25
City Washington State DC Zip Code 20003-4311	Purpose of Disbursement Food/Beverage	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B8D40D9A3E7364B1394C</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Saluda's</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 751 Saluda Ave.		Amount of Each Disbursement this Period 289.87
City Columbia	State SC	
Zip Code 29205-1647	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B9D669D3E5D784F9A82C</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 1105 Seaboard St		Amount of Each Disbursement this Period 214.66
City Myrtle Beach	State SC	
Zip Code 29577-6527	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B26FF9C8351E54978BE9</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ciao Italian Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 5223 N Kings Hwy		Amount of Each Disbursement this Period 367.30
City Myrtle Beach	State SC	
Zip Code 29577-2510	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B896AD65338984F7E8C1</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address PO Box 70700		Amount of Each Disbursement this Period 1497.16
City Myrtle Beach	State SC	
Zip Code 29572-0030	Purpose of Disbursement Expense Reimbursement-See Memos	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B27B7E2895F9C4CC5BE6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carolina Cider Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 81 Charleston Highway		Amount of Each Disbursement this Period 475.38
City Yemassee	State SC	
Zip Code 29945-7703	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BF07F942795824F5C8BA</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Department of the Army</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 400 Army Navy Drive		Amount of Each Disbursement this Period 421.55
City Washington	State DC	
Zip Code 20310-0001	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B53C52717EB4A435EB4D</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1497.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Bozzuto Management</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 909 New Jersey Ave.		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20003-3382	Purpose of Disbursement Event Space Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B1E43EB4143B1437DB3B</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pawleys Wine &amp; Spirits</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 10135 Ocean Hwy,		Amount of Each Disbursement this Period 213.99
City Pawleys Island	State SC	
Zip Code 29585-7402	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BBCF5D94BD3FE4E5AB2D</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Dunes Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 9000 N Ocean Blvd		Amount of Each Disbursement this Period 136.24
City Myrtle Beach	State SC	
Zip Code 29572-4424	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B0D97B3A4F0B440F9A49</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 15411.83
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Credit Card Payment--See Memos	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B294EEC04340749FCA59</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 526.60
City Washington	State DC	
Zip Code 20004-2601	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B05CD2BC389AA4410B67</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Croissants</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 3751 Robert M Grissom Pkwy		Amount of Each Disbursement this Period 66.35
City Myrtle Beach	State SC	
Zip Code 29577-6412	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BC26ED9E74833409991D</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15411.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 1647.94
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Communications Consulting	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BEA3CA7677B3F4413BC7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Bagsandbowsonline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 236 Spring St., NW		Amount of Each Disbursement this Period 52.69
City Atlanta	State GA Zip Code 30303-1004	
Purpose of Disbursement Printing	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B3D98D312642543F78ED</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Palmetto Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO Box 672		Amount of Each Disbursement this Period 1000.00
City Aynor	State SC Zip Code 29511-0672	
Purpose of Disbursement Event Catering	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B0E60A98B21EA4F55B69</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Gillespies Peanuts</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1901 East Carolina Ave		Amount of Each Disbursement this Period 833.32
City Hartsville	State SC	
Zip Code 29550-7434	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BCDECF252B144F68996</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maloney &amp; Porcelli</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 37 E 50th St.		Amount of Each Disbursement this Period 352.67
City New York	State NY	
Zip Code 10022-6820	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B4685B83CDC38425181F</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 50.08
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Phone Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B8EE0A06635424F059F1</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 5427.50
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B0596C52ABE5D4AAD9A2</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 838.40
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B60AF253F50E442D7923</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 96.75
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B9B8548701365437FA86</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 979.30
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage/Shipping	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B3364D93FEB1F4B4D8CF</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bullfeathers</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 138.99
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BDB74E734D7844919A7E</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fig &amp; Olive</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 934 Palmer Alley NW		Amount of Each Disbursement this Period 253.40
City Washington	State DC	
Zip Code 20001-4508	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BA7F996BD0FAF420EA82</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TJ Maxx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1130 Seaboard St		Amount of Each Disbursement this Period 31.27
City Myrtle Beach	State SC	
Zip Code 29577-6517	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BE8E8E465F4494E878CB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 21215 Burbank Blvd		Amount of Each Disbursement this Period 417.91
City Woodland Hills	State CA	
Zip Code 91367-7090	Purpose of Disbursement Online Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B61DE4AD1B35D4BCEADE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1105 Seaboard St		Amount of Each Disbursement this Period 109.23
City Myrtle Beach	State SC	
Zip Code 29577-6527	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BDEB4CE1B997B4FEFBE1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Belk</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 2801 W Tyvola Rd		Amount of Each Disbursement this Period 294.84
City Charlotte	State NC	
Zip Code 28217-4525	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B0654D447E6A044898D9</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 7315 Wisconsin Ave. Ste. 703E		Amount of Each Disbursement this Period 567.00
City Bethesda	State MD	
Zip Code 20814-3202	Purpose of Disbursement Event Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BDCA0D7739FF04A4693F</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Victor's Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 126 W Evans St		Amount of Each Disbursement this Period 35.80
City Florence	State SC	
Zip Code 29501-3426	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B92361558E0C34CFCB0D</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 68.65
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B06B5D285071144E7862</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ciao Italian Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 5223 N Kings Hwy		Amount of Each Disbursement this Period 168.79
City Myrtle Beach	State SC	
Zip Code 29577-2510	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BAE062E00586A4511BDF</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carolina Cider Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 81 Charleston Highway		Amount of Each Disbursement this Period 542.56
City Yemassee	State SC	
Zip Code 29945-7703	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B2D52B305168341EAB3B</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 49.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Office Supplies	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : B01F623F876C7487AB28	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	59171.33

**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 69	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Coastal Recovery Center</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1304 Azalea Ct		Amount of Each Disbursement this Period 1000.00
City Myrtle Beach	State SC	
Zip Code 29577-5723	Purpose of Disbursement Charitable Contribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BFE8F157428D94D9EB8B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 34334.00
City Washington	State DC	
Zip Code 20003-1838	Purpose of Disbursement Transfer	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B7AAA51D91A7F44C9AC5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 14000.00
City Washington	State DC	
Zip Code 20003-1838	Purpose of Disbursement Transfer	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B54A46399410D42A49F9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49334.00
<b>TOTAL</b> This Period (last page this line number only).....	49334.00