

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> TOM RICE FOR CONGRESS			
ADDRESS (number and street) 1113 48th Ave., N. Suite 117			
CITY, STATE, and ZIP CODE MYRTLE BEACH SC 29577			
<b>2. NAME OF CANDIDATE</b> TOM RICE		<b>3. OFFICE SOUGHT</b> (State and District) House SC 07	
<b>4. FEC IDENTIFICATION NUMBER</b> C00506048			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>			
Mr. Warren O. Beckham  P.O. Box 7522  Myrtle Beach SC 29572		Name of Employer Beckham Management, Inc.  <b>Transaction ID : F6.6483</b> Occupation Management Services	Date (month, day, year) 06/21/2012  Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>			
Mrs. William S. Biggs  1001 Plum Lane  Anderson SC 29621		Name of Employer Retired  <b>Transaction ID : F6.6472</b> Occupation Retired	Date (month, day, year) 06/20/2012  Amount 1000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>			
Mr. Harold D. Branton  Post Office Box 1175  Myrtle Beach SC 29578		Name of Employer Branton Law Firm  <b>Transaction ID : F6.6475</b> Occupation Lawyer	Date (month, day, year) 06/20/2012  Amount 1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>			
C. Cam Cecil  1225 Partridge Rd.  Spartanburg SC 29302		Name of Employer Self  <b>Transaction ID : F6.6474</b> Occupation Healthcare	Date (month, day, year) 06/20/2012  Amount 1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>			
Mr. Douglas M. Cecil  Post Office Box 3347  Spartanburg SC 29304		Name of Employer Requested  <b>Transaction ID : F6.6471</b> Occupation Requested	Date (month, day, year) 06/20/2012  Amount 1000.00
<b>SIGNATURE (optional)</b> Collins Wakefield		DATE 06/22/2012	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 07/2011)

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<b>4. FEC IDENTIFICATION NUMBER</b> C00506048		<i>continuation page</i>	
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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
Richard C. Cooke Jr.  PO Box 808  Lake View SC 29563	Cooke Associates Inc.  <b>Transaction ID : F6.6473</b> Occupation President/CEO	06/20/2012	1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
Mr. Richard Mancill  3201 Mr Joe White Avenue  Myrtle Beach SC 29577	Mancill Electric  <b>Transaction ID : F6.6469</b> Occupation Contractor	06/20/2012	1000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
Ms. Katherine M. Rice  Post Office Box 1773  Myrtle Beach SC 29578	Retired  <b>Transaction ID : F6.6470</b> Occupation Retired	06/20/2012	1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
Rob Shore  1610 Parkins Mill Rd.  Greenville SC 29607	Self  <b>Transaction ID : F6.6482</b> Occupation Real Estate Appraiser	06/21/2012	1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
Dennis Wheeler  2483 River Bluff Ln.  Mt. Pleasant SC 29466	Laure Baye Healthcare  <b>Transaction ID : F6.6476</b> Occupation President/CEO	06/20/2012	2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE P.O. BOX 1398  MURFREESBORO TN 37130	Transaction ID : F6.6478 Occupation	06/20/2012	1500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE UNITED HEALTH SERVICES PAC, INC. 211 EAST DOYLE STREET  TOCCOA GA 30577	Transaction ID : F6.6477 Occupation	06/20/2012	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount