06/05/2012 21:13

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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.

NAME OF COMMITTEE IN FULL TOM PLOTE FOR CONTORTION]	
TOM RICE FOR CONGRESS			1	
ADDRESS (number and street) 1113 48th Ave., N. Suite 117				
CITY, STATE, and ZIP CODE			1	
MYRTLE BEACH	SC 295	77		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
TOM RICE	House	SC 07	C00506048	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON		/	<i>I</i>
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Joseph Maggioncalda	Self		day, year)	
			06/04/2012	1000.00
134 N. Gate Rd.				
	Transaction ID : F6.6239 Occupation		-	
Myrtle Beach SC 29572	Physician			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Dr. James Reid	HCA		day, year)	
			06/03/2012	1000.00
406 46th Ave., N.				
	Transaction ID : F6.6236 Occupation			
Myrtle Beach SC 29577	Trauma Surgeon			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
	. ,		day, year)	
	Occupation			
			_	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
	F 17.		day, year)	
	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
			day, year)	
	Occupation			
SIGNATURE (optional)		DATE	For further i	nformation contact:
Collins Wakefield	[Electronically Filed] 06/05/2012		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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