

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

TOM RICE FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 70098

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29572-0020

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

SC

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

/ /

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

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: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	143674.20	178673.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	143674.20	178673.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44212.15	154649.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	610.60	1670.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43601.55	152979.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	335322.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	89850.00	106250.00
(ii) Unitemized.....	3824.20	5923.90
(iii) TOTAL of contributions from individuals ▶	93674.20	112173.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50000.00	66500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	143674.20	178673.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	610.60	1670.88
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	144284.80	180344.78

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44212.15	154649.95
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	66250.00	110850.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	110462.15	289499.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	301499.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	144284.80
25. SUBTOTAL (add Line 23 and Line 24).....	445784.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	110462.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	335322.45

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Only earmarked contributions exceeding the cycle to date aggregate of 200 are itemized.

Form/Schedule:
Transaction ID:

**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 109
(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)
Paul Tucker

Mailing Address P O Box 7
601 N Pearl Street

City State Zip Code
Pageland SC 29728-0007

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

Name of Employer Occupation
C.M. Tucker Lumber Companies, LLC Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A910F84DF47D9466FAEC

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Emerson F. Gower Jr.

Mailing Address 320 Colony Club Dr.

City State Zip Code
Georgetown SC 29440-7554

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A708A6D86746B4005B36

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
David B Tucker

Mailing Address PO Box 7
601 N Pearl Street

City State Zip Code
Pageland SC 29728-0007

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

Name of Employer Occupation
C.m. Tucker Lumber Companies Lumber Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A9744D04F7B554DED85C

Amount of Each Receipt this Period
 2700.00

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

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

6400.00

**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 109
	<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)
Perry Collins

Mailing Address **PO Box 1476**

City **Georgetown** State **SC** Zip Code **29442-1476**

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

Name of Employer **Liberty Terminals** Occupation **Partner**

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
05 / 11 / 2015

Transaction ID : AD3FE60B217DD42DA89E

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. Richards Todd

Mailing Address **2424 Heyward St**

City **Columbia** State **SC** Zip Code **29205-3106**

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

Name of Employer **Sc Trucking Assoc** Occupation **President**

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
05 / 01 / 2015

Transaction ID : ADD81354052D849FBAB0

Amount of Each Receipt this Period
500.00

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

Mailing Address **126 Meeting St**

City **Charleston** State **SC** Zip Code **29401-2218**

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

Name of Employer **Retired** Occupation **Retired**

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
05 / 08 / 2015

Transaction ID : AE94CC97D598641799E1

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 8 OF 109
(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)
Samuel H Plexico

Mailing Address 2288 Waverly Rd

City Pawleys Island State SC Zip Code 29585-5859

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

Name of Employer Self Employed Occupation Cpa

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : ABB33FD1542DD4F3DA4E

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Gerald Tiller

Mailing Address 186 Colony Pointe Dr

City Georgetown State SC Zip Code 29440-7051

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : A9A4CFCA133704D08989

Amount of Each Receipt this Period
 250.00

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

Mailing Address 7 Waverly Rd

City Pawleys Island State SC Zip Code 29585-5803

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : AD8FF1114754B4551959

Amount of Each Receipt this Period
 2500.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
D. I. Wilson III

Mailing Address **PO Box 1382**

City **Georgetown** State **SC** Zip Code **29442-1382**

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

Name of Employer **Retired** Occupation **Retired**

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
05 / 05 / 2015

Transaction ID : A7638D55CCC614B6686D

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Timothy J. Connolly

Mailing Address **317 Doral Dr**

City **Pawleys Island** State **SC** Zip Code **29585-6786**

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

Name of Employer **Connolly Coastal Capital** Occupation **Investor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : AFE2A85E3502B4AB5A51

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Suzanne G McIntyre

Mailing Address **PO Box 1733**

City **Murrells Inlet** State **SC** Zip Code **29576-1733**

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

Name of Employer **Retired** Occupation **Retired**

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
04 / 10 / 2015

Transaction ID : AD27BF2598B1E446D986

Amount of Each Receipt this Period
250.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 10 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
Curtis Tyner Sr.

Mailing Address PO Box 234

City Hartsville State SC Zip Code 29551-0234

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

Name of Employer Heritage Community Bank Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : A11482FE2CA1C4B39934

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Hallett Worrell

Mailing Address 4304 Creek Dr.

City Murrells Inlet State SC Zip Code 29576-6261

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A3CDD6C89C17F423EB3B

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1901 E Carolina Ave

City Hartsville State SC Zip Code 29550-7434

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : AF8A8C2D932484446B74

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
Robert Kearns

Mailing Address 232 Lantana Circle

City State Zip Code
Georgetown SC 29440-7278

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

Name of Employer Occupation
Retired Retired

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
 05 / 05 / 2015

Transaction ID : A7F8E84D7CE984FFA811

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Nash Family Limited Partnership

Mailing Address 2272 S Waccamaw Dr

City State Zip Code
Murrells Inlet SC 29576-5511

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

Name of Employer Occupation

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
 05 / 05 / 2015

Transaction ID : ACCAA16BE4F9646A8A29

Amount of Each Receipt this Period
250.00

Partnership Attribution Requested

C. Full Name (Last, First, Middle Initial)
Carl O Falk

Mailing Address 202 Sea Oats Cir.

City State Zip Code
Pawleys Island SC 29585-5128

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

Name of Employer Occupation
Retired Retired

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
 05 / 05 / 2015

Transaction ID : AC5DB4C49BBC64E2E82D

Amount of Each Receipt this Period
550.00

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

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

1300.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 109

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)
Macon Hunter

Mailing Address 500 N Fifth Street

City Hartsville State SC Zip Code 29550-3210

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A37DAAE86405940F5A38

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. M Jack Sanders

Mailing Address 2713 Cypress Bend Rd

City Florence State SC Zip Code 29506-8339

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

Name of Employer Sonoco Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A6ED3BD7EEF6643E38DB

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Philip L. Byrd Sr.

Mailing Address 178 Mt. Zion Rd

City Saint George State SC Zip Code 29477-8202

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

Name of Employer Bulldog Hiway Express Occupation President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : A5D584F6224F445048BA

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 109

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)
Michael Higdon

Mailing Address 2966 Carlton Ave NE

City Washington State DC Zip Code 20018-2616

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

Name of Employer Cornerstone Government Affairs Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : A6E8C12BDD1EB41039DD

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
D. Clinch Heyward

Mailing Address 1104 Club Circle

City Pawleys Island State SC Zip Code 29585-5685

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

Name of Employer Self Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A06CFAC70C518448C863

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 494 Hopsewee Rd.

City Georgetown State SC Zip Code 29440-5598

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

Name of Employer Hopsewee Plantation Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A338F3C4FDBF441EFACD

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 109

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)
Carl O Falk

Mailing Address 202 Sea Oats Cir.

City Pawleys Island State SC Zip Code 29585-5128

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

Name of Employer Retired Occupation Retired

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
 05 / 05 / 2015

Transaction ID : A28160C16926F4FD5A53

Amount of Each Receipt this Period
 2300.00

B. Full Name (Last, First, Middle Initial)
Gary C Cooper

Mailing Address 6 Lower Waverly Rd

City Pawleys Island State SC Zip Code 29585-5879

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

Name of Employer Palmetto Infusion, Inc. Occupation President

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
 04 / 21 / 2015

Transaction ID : A1A2FE8B6C45A49DDB95

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 2025

City Pawleys Island State SC Zip Code 29585-2025

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

Name of Employer SGA Architecture Occupation Architect

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
 05 / 05 / 2015

Transaction ID : A9658E3A36DE44F919B9

Amount of Each Receipt this Period
 250.00

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

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

3050.00

**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 109
	<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)
Tommy Bouchette

Mailing Address 4459 Richmond Hill Dr.

City	State	Zip Code
Murrells Inlet	SC	29576-6816

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

Name of Employer	Occupation
BNC Bank	Banker

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
 05 / 05 / 2015

Transaction ID : A92508D4359C04CF3896

Amount of Each Receipt this Period
250.00

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

Mailing Address 37 Bobcat Dr.

City	State	Zip Code
Pawleys Island	SC	29585-7525

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

Name of Employer	Occupation
Georgetown County Council	Councilman

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
 05 / 05 / 2015

Transaction ID : A988208B5CBD540CABA8

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carl O Falk

Mailing Address 202 Sea Oats Cir.

City	State	Zip Code
Pawleys Island	SC	29585-5128

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A6AC7A7886FD34032900

Amount of Each Receipt this Period
2150.00
 In-kind:Event Space Rental/Catering/En

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

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

2650.00

**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 16 OF 109
	<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)
Wilson Lowery

Mailing Address 354 Bonnyneck Dr

City State Zip Code
Georgetown SC 29440-7221

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

Name of Employer Occupation
Retired Retired

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
 04 / 10 / 2015

Transaction ID : A24AAE950DDC249A4903

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Tracy G. Durant

Mailing Address 1427 Jasmin Ln

City State Zip Code
Murrells Inlet SC 29576-5896

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

Name of Employer Occupation
Bbt Ps&h Insurance Sales

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
 04 / 06 / 2015

Transaction ID : AE8F90B105C964814A42

Amount of Each Receipt this Period
1000.00

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

Mailing Address 317 Doral Dr

City State Zip Code
Pawleys Island SC 29585-6786

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : ABCEE28B7836242B4BD1

Amount of Each Receipt this Period
1900.00

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

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

3900.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 17 OF 109

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)
James Smith

Mailing Address 13336 Ocean Hwy.

City Pawleys Island State SC Zip Code 29585-7099

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

Name of Employer James Smith Real Estate Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A7C514CACC30D4D6C9C4

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 46 Prospect Point Loop

City Georgetown State SC Zip Code 29440-7114

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : AD9467D14213643D6A20

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Ross M Lindsay III

Mailing Address 272 Old Waccamaw Dr

City Pawleys Island State SC Zip Code 29585-7234

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

Name of Employer Lindsay and Lindsay, LLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A1C8800365ABC400497F

Amount of Each Receipt this Period
 2700.00

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

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

4200.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 18 OF 109

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)
Carl M Tucker III

Mailing Address PO Box 7
 601 N. Pearl Street

City State Zip Code
 Pageland SC 29728-0007

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

Name of Employer Occupation
 C.M. Tucker Lumber Companies, LLC Lumber Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A2C3054A6E90A48EA9BB

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Donald A. Quattlebaum

Mailing Address 522 Rice Bluff Rd

City State Zip Code
 Pawleys Island SC 29585-8266

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

Name of Employer Occupation
 New Castle Imports, Inc Retired

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
 04 / 27 / 2015

Transaction ID : A3A2E4CC34A724CF3B52

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Carol 'C.J.' J. Holt

Mailing Address 2741 Kelletown Rd

City State Zip Code
 Hartsville SC 29550-8253

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

Name of Employer Occupation
 Self Employed 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 Y
 04 / 23 / 2015

Transaction ID : AB9AFAD03E7F948C8905

Amount of Each Receipt this Period
 1000.00

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

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

4200.00

**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 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
Whitemarsh Smith

Mailing Address 12 Greenhill Street

City Charleston State SC Zip Code 29401-2311

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

Name of Employer Charleston Branch Pilots Association Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : AB63193F353094FCA8E0

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2300 N Governor Williams Hwy

City Darlington State SC Zip Code 29540-8707

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

Name of Employer Sun Construction, Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : A8FA99D7C8F884B62AAD

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 462 Lantana Cir.

City Georgetown State SC Zip Code 29440-7607

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

Name of Employer BG Cameransi MD PA Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : AC44C99D9521E4A05A82

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 109
	<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)
David Posek

Mailing Address 274 Doral Dr

City State Zip Code
Pawleys Island SC 29585-6782

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

Name of Employer Occupation
Retired Retired

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
04 / 23 / 2015

Transaction ID : A5C5548A2C31D4D9ABBA

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ross M Lindsay III

Mailing Address 272 Old Waccamaw Dr

City State Zip Code
Pawleys Island SC 29585-7234

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

Name of Employer Occupation
Lindsay and Lindsay, LLC Attorney

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
05 / 01 / 2015

Transaction ID : A0E7529ABA0614CDA898

Amount of Each Receipt this Period
2300.00

C. Full Name (Last, First, Middle Initial)
Arthur H Lachicotte

Mailing Address 10554 Ocean Highway

City State Zip Code
Trenton NC 28585

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

Name of Employer Occupation
Lachicotte Realty Real Estate Sales

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
06 / 02 / 2015

Transaction ID : A4686255A872C40F8AFC

Amount of Each Receipt this Period
500.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Jack Murray

Mailing Address 88 Gillette Place

City Murrells Inlet State SC Zip Code 29576-5238

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

Name of Employer Mid-City Financial.com Occupation Associate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015

Transaction ID : A750C4AB2671E47C38B9

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 2874

City Pawleys Island State SC Zip Code 29585-2874

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A5FB8469172244725A15

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 89 Barony View Ct.

City Georgetown State SC Zip Code 29440-8203

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : ABDA0A3DE364541FCBED

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 109
	<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)
Carl Ray Conrad

Mailing Address 4500 Cameron Valley Parkway

City	State	Zip Code
Charlotte	NC	28211-3552

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

Name of Employer	Occupation
Self Employed	Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : A1B0426610AAC4D51B67

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
W. Stovall Witte

Mailing Address 785 McKinley Way

City	State	Zip Code
Myrtle Beach	SC	29577-5180

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

Name of Employer	Occupation
Coastal Carolina University	Foundation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A8E6FE8B54C9E4725BFA

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Albert W. Hitchcock Jr.

Mailing Address 512 Fox Hollow Rd

City	State	Zip Code
Murrells Inlet	SC	29576-7200

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

Name of Employer	Occupation
Drunken Jacks	Restaurant Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : A4EF3214213FE44BE990

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Mr. William L. Bowles		Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2015	
Mailing Address 17925 SE Village Circle		Transaction ID : A17958F3795EC49FCA11	
City State Zip Code Jupiter FL 33469-1732	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Retired Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Jon David McMillan		Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2015	
Mailing Address 4854 Surry Ln		Transaction ID : A6C0609D5F1DA47ACB52	
City State Zip Code Murrells Inlet SC 29576-5842	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Drunken Jacks Inc. Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. W. Gairy Nichols		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2015	
Mailing Address 128 Atlantc Ave.		Transaction ID : A993635AC27714AFE895	
City State Zip Code Murrells Inlet SC 29576-8008	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Dunes Realty Realtor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 109
	<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	

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)
Manuel R Vallarino

Mailing Address 320 N Azalea Dr

City State Zip Code
Surfside Beach SC 29575-5024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vallarino Construction, Llc Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : AD78A1F7FBFD142DB8CD

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Gayle N. Cole

Mailing Address 251 Emerson Loop

City State Zip Code
Pawleys Island SC 29585-6849

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Self

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : ABDBEF9B76777422DA60

Amount of Each Receipt this Period

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

Mailing Address 805 Pamplico Hwy
Mall A, Suite 230

City State Zip Code
Florence SC 29505-6047

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carolinas Hospital Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : AAFA310D67D324217A1A

Amount of Each Receipt this Period

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

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 25 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Peter C. Browning

Mailing Address 2038 Providence Road

City	State	Zip Code
Charlotte	NC	28211-1710

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015

Transaction ID : A3BA5212101D14F40BA3

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
L. Lawton Rogers III

Mailing Address 3260 Luvan Blvd

City	State	Zip Code
Georgetown	SC	29440-7056

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : AE23E106937B041A584D

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mark H. Tucker

Mailing Address PO Box 7

City	State	Zip Code
Pageland	SC	29728-0007

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

Name of Employer	Occupation
C.m. Tucker Lumber Companies	Lumber Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A499D19F6DBFD4F189C4

Amount of Each Receipt this Period

2700.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 109
	<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	

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)
Patrick McKinney

Mailing Address 44 Wentworth Street

City	State	Zip Code
Charleston	SC	29401-1617

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

Name of Employer	Occupation
Kiawah Island Real Estate	Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2015

Transaction ID : A755859A15EDD4786AE0

Amount of Each Receipt this Period

250.00

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

Mailing Address 317 Doral Dr

City	State	Zip Code
Pawleys Island	SC	29585-6786

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

Name of Employer	Occupation
None	Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2015

Transaction ID : A0DF27015490D4CAEB3F

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Peter M. Irussi

Mailing Address 323 Old Cypress Ct

City	State	Zip Code
Pawleys Island	SC	29585-6190

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

Name of Employer	Occupation
Self Employed	Medical Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2015

Transaction ID : A633CCA919D8540649DB

Amount of Each Receipt this Period

500.00

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

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

950.00

**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 109
(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)
Andrew Millon Tucker

Mailing Address P O Box 7
601 N. Pearl Street

City State Zip Code
Pageland SC 29728-0007

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

Name of Employer Occupation
C.m. Tucker Lumber Companies Lumber Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A5462621C99AA4287B92

Amount of Each Receipt this Period
2700.00

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

Mailing Address 743 Collins Meadow Dr.

City State Zip Code
Georgetown SC 29440-7205

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

Name of Employer Occupation
Homemaker Homemaker

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
 05 / 05 / 2015

Transaction ID : AA283752E15A1452F827

Amount of Each Receipt this Period
250.00

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

Mailing Address 649 Savannah Dr

City State Zip Code
Pawleys Island SC 29585-7895

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

Name of Employer Occupation
Retired Retired

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
 04 / 01 / 2015

Transaction ID : A3C49D2D28E954822A9C

Amount of Each Receipt this Period
500.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 109
	<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)
David Hoose

Mailing Address 164 Jutland Ln.

City Georgetown	State SC	Zip Code 29440-7050
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

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
 05 / 05 / 2015

Transaction ID : A55FBAA28FD9C4BC6BEC

Amount of Each Receipt this Period
1000.00

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

Mailing Address 126 Wofford Road

City Conway	State SC	Zip Code 29526-8815
----------------	-------------	------------------------

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

Name of Employer Vallarino Construction, Llc	Occupation Contractor
---	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : AD2C1D1D1718B44D4BDC

Amount of Each Receipt this Period
2700.00

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

Mailing Address 746 Savannah Dr.

City Pawleys Island	State SC	Zip Code 29585-7305
------------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

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
 05 / 05 / 2015

Transaction ID : A2AE1A641E6B84EEB882

Amount of Each Receipt this Period
500.00

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

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

4200.00

**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 109
(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)
Jennifer W. Courtney

Mailing Address 611 Plantation Cir

City Conway State SC Zip Code 29526-6510

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : A3DA72B097D7E4B7797D

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Timothy J. Connolly

Mailing Address 317 Doral Dr

City Pawleys Island State SC Zip Code 29585-6786

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

Name of Employer Connolly Coastal Capital Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : A3E15B538C7D84FCA998

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Mr. Fady P. Bassily

Mailing Address 347 Lantana Cir

City Georgetown State SC Zip Code 29440-7298

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : AD7A79E66D268481E8D0

Amount of Each Receipt this Period
 250.00

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 30 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
Randall Hollister

Mailing Address 37 Vintage Ct.

City State Zip Code
Pawleys Island SC 29585-7332

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

Name of Employer Occupation
Self Real Estate

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
 05 / 05 / 2015

Transaction ID : A49B53027E05248B786E

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas S Davis Sr.

Mailing Address 68 Seawind Court

City State Zip Code
Georgetown SC 29440-7106

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

Name of Employer Occupation
Retired Retired

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
 05 / 01 / 2015

Transaction ID : A8D3DC3D6592346B0BC2

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Linda B Tucker

Mailing Address 601 N Pearl St

City State Zip Code
Pageland SC 29728-1628

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A95CBCE5A97BD4209B45

Amount of Each Receipt this Period
2700.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 31 OF 109
(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)
Ronald Christmas

Mailing Address 101 Greenwich

City State Zip Code
Georgetown SC 29440-3737

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

Name of Employer Occupation
Palmetto Heritage Bank Banker

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
 05 / 05 / 2015

Transaction ID : A414BF90E9F044D14A22

Amount of Each Receipt this Period
1000.00

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

Mailing Address 578 Wallace Pate Dr.

City State Zip Code
Georgetown SC 29440-7087

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

Name of Employer Occupation
Coastal Nissan Owner

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
 05 / 05 / 2015

Transaction ID : AAC4149308EBB4208B87

Amount of Each Receipt this Period
1000.00

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

Mailing Address 411 Rum Gully Rd

City State Zip Code
Murrells Inlet SC 29576-7730

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

Name of Employer Occupation
Ponderosa, Inc. Manager

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
 04 / 22 / 2015

Transaction ID : A21F1488547AE45EAA8A

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William Rose

Mailing Address 584 Dune Oaks Drive

City Georgetown	State SC	Zip Code 29440-7124
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

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
 04 / 21 / 2015

Transaction ID : AA07890DE7A90407CA5B

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
J. Roddy Swaim

Mailing Address 460 Rum Gully Rd

City Murrells Inlet	State SC	Zip Code 29576-7725
------------------------	-------------	------------------------

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

Name of Employer Dunes Realty	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 Y
 05 / 05 / 2015

Transaction ID : AB38A2127DE684572811

Amount of Each Receipt this Period
1000.00

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

Mailing Address 174 Wallace Gate Dr. S

City Georgetown	State SC	Zip Code 29440-7083
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

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
 05 / 05 / 2015

Transaction ID : A9F3AFFEE25E345A3807

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 33 OF 109
(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)
Harold Stowe

Mailing Address 23 Maritime Cir

City Pawleys Island State SC Zip Code 29585-6077

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : AF455ECD3866A4C7AA98

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4544 Carriage Run Cir.

City Murrells Inlet State SC Zip Code 29576-5861

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A3638CF10D0034830A8C

Amount of Each Receipt this Period
 500.00

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

Mailing Address 172 Archer Rd.

City Pawleys Island State SC Zip Code 29585-6071

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

Name of Employer Hamilton Electric & Plumbing Occupation Subcontractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A8B9A6505E1A84060A8B

Amount of Each Receipt this Period
 250.00

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

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

1000.00

**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 109
(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)
Dr. Gerald Harmon

Mailing Address 117 Shearwater Ct

City State Zip Code
Georgetown SC 29440-7072

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015

Transaction ID : A2B2B268CE7DD4861AA4

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 4835 Highway 17 Business

City State Zip Code
Murrells Inlet SC 29576-5645

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : AC5D60762F26B4ECC89B

Amount of Each Receipt this Period
 500.00

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

Mailing Address 667 Fieldgate Cir

City State Zip Code
Pawleys Island SC 29585-6317

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

Name of Employer Occupation
Thomas & Hutton Engineering Co. Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2015

Transaction ID : A37B4C129EE5A4A8C9A2

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 109
	<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)
Michael A. Tongour

Mailing Address 4937 Tilden Street NW

City Washington State DC Zip Code 20016-2331

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

Name of Employer Tch Group, Llc Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : A354EE37E2C5C4510B30

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Van Darrel D. Hipp Jr

Mailing Address 809 N Quaker Ln

City Alexandria State VA Zip Code 22302-3416

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

Name of Employer American Defense International Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A915B2A029BD84516BA4

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
B4 Holdings LLC

Mailing Address 219 S Ridge Street

City Georgetown State SC Zip Code 29440-2966

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

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
 04 / 22 / 2015

Transaction ID : AD4184F9DB9384D1B8B9

Amount of Each Receipt this Period
 2300.00

See Partner Memo Below

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

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

3800.00

**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 36 OF 109
	<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)
J. Edward Bell III

Mailing Address **219 S RIDGE STREET**

City **Georgetown** State **SC** Zip Code **29440-2966**

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

Name of Employer **Bell Law Firm** Occupation **Attorney**

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
04 / 22 / 2015

Transaction ID : A5E55509FF1214251B1D

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]
Partnership: B4 Holdings LLC

B. Full Name (Last, First, Middle Initial)
B4 Holdings LLC

Mailing Address **219 S Ridge Street**

City **Georgetown** State **SC** Zip Code **29440-2966**

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

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
04 / 22 / 2015

Transaction ID : AFD860A8DBCBC404092A

Amount of Each Receipt this Period
2700.00

See Partner Memo Below

C. Full Name (Last, First, Middle Initial)
J. Edward Bell III

Mailing Address **219 S RIDGE STREET**

City **Georgetown** State **SC** Zip Code **29440-2966**

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

Name of Employer **Bell Law Firm** Occupation **Attorney**

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
04 / 22 / 2015

Transaction ID : AFEC7637D68E64B3FBBE

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
Partnership: B4 Holdings LLC

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

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

2700.00

89850.00

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

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

FOR LINE NUMBER: PAGE 37 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
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

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2015

Transaction ID : AA77F8124740341DFBF2

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Public Ownership of Electric Resources PAC

Mailing Address **1875 Connecticut Avenue NW, #1200**
 Attn: **Angela Cuyler**

City **Washington** State **DC** Zip Code **20009-5715**

FEC ID number of contributing federal political committee. **C C00161570**

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
05 / 20 / 2015

Transaction ID : A49B99FD6E5BC474B973

Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 12 / 2015

Transaction ID : A2AC24B9EC5194251BEB

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 38 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
BNSF Railpac

Mailing Address P.O. Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

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
 04 / 17 / 2015

Transaction ID : AADD2B4EB312743C8BC5

Amount of Each Receipt this Period
 1000.00

B. 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : A947E823BD00647CEB8D

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 220 Leigh Farm Rd.

City State Zip Code
Durham NC 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

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
 06 / 11 / 2015

Transaction ID : A7515BAE15C614A27929

Amount of Each Receipt this Period
 5000.00

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 39 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C C00004275**

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
 05 / 08 / 2015

Transaction ID : A50F65230B8084B1995C

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
SYNGENTA CORPORATION EMPLOYEE POLITICAL ACTION COMMITTEE (SYNGENTA PAC)

Mailing Address 1775 PENNSYLVANIA AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00363945**

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
 04 / 01 / 2015

Transaction ID : A9197E04CEDA34AB4A76

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1320 Main St., Fl. 17

City Columbia State SC Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : A533FAC07388F4C1C9D2

Amount of Each Receipt this Period
 1000.00

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 40 OF 109
	<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	

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. Dealers Election Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Westpark Dr.
 City State Zip Code
 Mc Lean VA 22102-5116
 FEC ID number of contributing federal political committee. **C** C00040998
 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
 06 / 30 / 2015
Transaction ID : A3D6BC3353BD642EDBB1
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A321B8C3409294E4FB33
 Amount of Each Receipt this Period
 1000.00

C. Honeywell International PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave., NW
 Suite 500 W.
 City State Zip Code
 Washington DC 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : A26E0A69037FF45F19B2
 Amount of Each Receipt this Period
 1000.00

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

3000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : AA37D49E22AED49EDB3E

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LENDERS INC PAC

Mailing Address POST OFFICE BOX 332

City STILLWATER State OK Zip Code 74076

FEC ID number of contributing federal political committee. **C C00241000**

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
 06 / 02 / 2015

Transaction ID : A2E6303AF828A42BD97E

Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : ACDAF8228F0CB4E78BDA

Amount of Each Receipt this Period
 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 42 OF 109
	<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	

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. Tenet Healthcare Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Ross Avenue
 Suite 1400
 City Dallas State TX Zip Code 75202-2703
 FEC ID number of contributing federal political committee. **C** C00119354
 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
 06 / 11 / 2015
Transaction ID : AFC39238F4BD4496CB07
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : AFB7F87C5C8864F65AD9
 Amount of Each Receipt this Period
 2000.00

C. Realtors Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Ave # 60611
 City Chicago State IL Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : A1B5D9E9E3BA94AC9932
 Amount of Each Receipt this Period
 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 43 OF 109
	<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	

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. CONCRETE REINFORCING STEEL INSTITUTE PAC (REBAR PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 933 N PLUM GROVE RD

City State Zip Code
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C C00565614**

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
 06 / 26 / 2015

Transaction ID : A0AA6C2CB23494F6EB37

Amount of Each Receipt this Period
500.00

B. ARCELORMITTAL USA GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)
Mailing Address 1808 Eye St. NW
5th Floor

City State Zip Code
Washington DC 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2015

Transaction ID : A40E920943246492A98C

Amount of Each Receipt this Period
1000.00

C. Ernst & Young PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 New Your Avenue, NW

City State Zip Code
Washington DC 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

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
 05 / 22 / 2015

Transaction ID : AC56A7DCD2A244183805

Amount of Each Receipt this Period
2000.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
International Paper PAC

Mailing Address 1101 Pennsylvania Avenue NW
Suite 200

City Washington State DC Zip Code 20004-2514

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

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
 05 / 12 / 2015

Transaction ID : A6476F8E205124BDBB13

Amount of Each Receipt this Period
 5000.00

B. 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : AC4ADBEEE275B4F75A63

Amount of Each Receipt this Period
 1000.00

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

Mailing Address P.O. Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

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
 06 / 26 / 2015

Transaction ID : AE76B01C0108F47D38D3

Amount of Each Receipt this Period
 2000.00

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 45 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
The Boeing Company PAC

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : AED7312E370CE4181966

Amount of Each Receipt this Period
1000.00

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

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

City State Zip Code
Washington DC 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : AAB0333E70C354A468D3

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1915 Rexford Road

City State Zip Code
Charlotte NC 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A2576CE0821654F0BB91

Amount of Each Receipt this Period
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: PAGE 46 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
American Association of Railroads PAC

Mailing Address 425 3rd St., SW
Ste. 1000

City Washington State DC Zip Code 20024-3228

FEC ID number of contributing federal political committee. **C C00280743**

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
06 / 26 / 2015

Transaction ID : A8FF8B1BDC3934225A9D

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Norfolk Southern Corporation Good Government Fund

Mailing Address Three Commercial Place

City Norfolk State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C C00009282**

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
06 / 24 / 2015

Transaction ID : AC4CFD368F98B4B6F829

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C C00004275**

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
06 / 02 / 2015

Transaction ID : A2967603D485344A9994

Amount of Each Receipt this Period
2000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 47 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : A85D92999F04046F2ACE

Amount of Each Receipt this Period
 1000.00

B. 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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : ABD301C1E192F42CBB91

Amount of Each Receipt this Period
 2000.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : A67A0571DF21B410BAD5

Amount of Each Receipt this Period
 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: PAGE 48 OF 109
(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)
THE TEA PARTY LEADERSHIP FUND

Mailing Address 203 S. UNION ST.
SUITE 300

City Alexandria State VA Zip Code 22314-3356

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : A8280E3C83B1645929AD

Amount of Each Receipt this Period
 5047.90

Total Earmarked Contributions

[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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

50000.00

**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 49 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **610.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : ACB870D8295204C399B9

Amount of Each Receipt this Period
22.00

Vendor Refund of Overpayment

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

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **588.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : A78C45B7EEABF415D8CE

Amount of Each Receipt this Period
588.60

Vendor Refund of Overpayment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

610.60

610.60

**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 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Carl O Falk		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 202 Sea Oats Cir.		Amount of Each Disbursement this Period 2150.00 Transaction ID : B6AC7A7886FD34032900
City Pawleys Island	State SC	
Zip Code 29585-5128	Purpose of Disbursement In-kind:Event Space Rental/Catering/En	Category/ Type
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. James Lucas Rice		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 171.25 Transaction ID : B61D2AE3040E74C7AB79
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Salary	Category/ Type
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) c. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 64.64 Transaction ID : B1F2B8C898D3E4FE0AEA
City Myrtle Beach	State SC	
Zip Code 29577-2351	Purpose of Disbursement Salary	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	2385.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : B67ECFB3900F848F09EE
City Myrtle Beach	State SC	
Purpose of Disbursement Salary		Category/ Type
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. Ciao Italian Restaurant		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5223 N Kings Hwy		Amount of Each Disbursement this Period 571.94 Transaction ID : B1EA8F0C251D44192897
City Myrtle Beach	State SC	
Purpose of Disbursement Food/Beverage		Category/ Type
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) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 50.08 Transaction ID : B840023AB78E34ABAA51
City Myrtle Beach	State SC	
Purpose of Disbursement Cell Phone		Category/ Type
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: _____	

SUBTOTAL of Disbursements This Page (optional).....	829.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 9.12		
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : B4FE6D32A29F04F25940		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015		
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 105.43		
City Myrtle Beach	State SC	Zip Code 29577-3103	Transaction ID : B504984F33ED54B34A39		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. Sea Captains House			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015		
Mailing Address 3000 N Ocean Blvd			Amount of Each Disbursement this Period 50.76		
City Myrtle Beach	State SC	Zip Code 29577-3046	Transaction ID : BA7F31199EEC94EACB57		
Purpose of Disbursement Food/Beverage		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	165.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 89.96
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Transaction ID : B38A537D79E834898B28
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. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 2143.31
City Alexandria	State VA	
Zip Code 22314-5408	Purpose of Disbursement Fundraising Consulting/Catering	Transaction ID : B40AE115CC59641C798A
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) C. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 35.04
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Accounting	Transaction ID : B864524CDA9F84EA2933
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:		

SUBTOTAL of Disbursements This Page (optional).....	2268.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 22.13 Transaction ID : B6B1274AF4E5B48CC9DC
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 17.39 Transaction ID : BF7E80D0A942F4981AA7
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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) c. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 73.90 Transaction ID : BE65F2267169749C0864
City Florence	State SC Zip Code 29501-0000	
Purpose of Disbursement Food/Beverage	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:		

SUBTOTAL of Disbursements This Page (optional).....	113.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. US House of Representatives Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015	
Mailing Address Longworth Building			Amount of Each Disbursement this Period 1871.10 Transaction ID : B7689F37DC5414C65BE1	
City Washington	State DC	Zip Code 20515-0001		
Purpose of Disbursement Office Supplies		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. Fed Ex			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015	
Mailing Address 1170 Seaboard St			Amount of Each Disbursement this Period 20.08 Transaction ID : B7AA44827D9674417A7F	
City Myrtle Beach	State SC	Zip Code 29577-6517		
Purpose of Disbursement Shipping		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) C. Exxon Mobile			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015	
Mailing Address 24264 Highway 17			Amount of Each Disbursement this Period 59.58 Transaction ID : B177D2F0266CC424A8B6	
City Garden City	State SC	Zip Code 29576		
Purpose of Disbursement Travel		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:		

SUBTOTAL of Disbursements This Page (optional).....	1950.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Fed Ex		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period 24.16 Transaction ID : BD7891AE093BB46C3914
City Myrtle Beach	State SC	
Zip Code 29577-6517	Purpose of Disbursement Shipping	Category/Type
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. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 6.51 Transaction ID : B8658DEB63821478185E
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Category/Type
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) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 12.36 Transaction ID : B103EB5F3F9A144BB945
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Category/Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	43.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Nosegay Flower Shop-DC			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015		
Mailing Address 1120 20th Street NW			Amount of Each Disbursement this Period 95.16		
City Washington	State DC	Zip Code 20036-3406	Transaction ID : BA85E280265C54E95935		
Purpose of Disbursement Flowers		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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015		
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 107.77		
City Washington	State DC	Zip Code 20003-1801	Transaction ID : B86417DB29BCA4E2DA76		
Purpose of Disbursement Food/Beverage		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) c. Vertical Response			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015		
Mailing Address 50 Beale St., 10th Floor			Amount of Each Disbursement this Period 150.00		
City San Francisco	State CA	Zip Code 94105-1813	Transaction ID : BF9FD8D70527B4C7D91F		
Purpose of Disbursement Web Services		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:				

SUBTOTAL of Disbursements This Page (optional).....	352.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 272.58 Transaction ID : B0CA708557A5E4071A0B
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	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. Alex Eline			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 7901 Beach Dr.			Amount of Each Disbursement this Period 207.96 Transaction ID : B84304566894C4392BFA
City Myrtle Beach	State SC	Zip Code 29572-4337	
Purpose of Disbursement Salary	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) c. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 605 19th Ave N			Amount of Each Disbursement this Period 62.89 Transaction ID : B1A9CFE74763A418B9F9
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:			

SUBTOTAL of Disbursements This Page (optional).....	543.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 9.73		
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : BFB56E7F5BF274BF8A0C		
Purpose of Disbursement Travel		Category/ Type			
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. Filomena Ristorante			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015		
Mailing Address 1063 Wisconsin Ave NW			Amount of Each Disbursement this Period 436.29		
City Washington	State DC	Zip Code 20007-3605	Transaction ID : B0A74DAE87ADF4BF2BE9		
Purpose of Disbursement Food/Beverage		Category/ Type			
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) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 7.03		
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : BD57A221D5B8C44C5AD5		
Purpose of Disbursement Travel		Category/ Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	453.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 27.09
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : B0D22015837E5451E92F
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. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 79.35
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	Transaction ID : BEBF4C02F59ED48D190A
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) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 566.20
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : B3164E511ACAD405499D
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:		

SUBTOTAL of Disbursements This Page (optional).....	672.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 562.60 Transaction ID : B3A690DF291CB49F8828
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 27.38 Transaction ID : B3E71E90053B24F6AA46
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 26.00 Transaction ID : BC5F1E47F63DD45B5BF0
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	615.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 8.24
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : BFF239CC3463B4DD194B
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. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : B98FCB56AA87E497982C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 29.82
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : BF619D7C79B994F96B75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	45.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 24.81 Transaction ID : BDB9A5E23F3DA4075A98
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04 Transaction ID : B01785E18CE5849FA9D2
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Accounting	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) c. Caledonia Golf & Fish Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address PO Box 1320		Amount of Each Disbursement this Period 297.00 Transaction ID : BF767CA0B17C9400D993
City Pawleys Island	State SC Zip Code 29585-1320	
Purpose of Disbursement Food/Beverage	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:		

SUBTOTAL of Disbursements This Page (optional).....	351.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address Store #116		Amount of Each Disbursement this Period 292.64 Transaction ID : B7FC77E030FC147E9A6B
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Food/Beverage	Category/ Type
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. Henderson Supplies		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 935 S 4th Street		Amount of Each Disbursement this Period 215.08 Transaction ID : B5C7B385F29F948E1A45
City Hartsville	State SC	
Zip Code 29550-5776	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 19.43 Transaction ID : BC133A8D4B38A4037A50
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	527.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 77.60 Transaction ID : BD91435BEA5094465AA3
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
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. GoDaddy.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 14455 N. Hayden Rd.		Amount of Each Disbursement this Period 167.76 Transaction ID : B76745B51770640D4B25
City Scottsdale State AZ Zip Code 85260-6993	Purpose of Disbursement Web Services	
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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 54.22 Transaction ID : BAD2F398FDC064CE492A
City Myrtle Beach State SC Zip Code 29577-3040	Purpose of Disbursement Office Supplies	
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:		

SUBTOTAL of Disbursements This Page (optional).....	299.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 39.00 Transaction ID : B9DDB2E26ABD247E39A5
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 282.20 Transaction ID : BF62C49BDD12C4B3E89D
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 69.81 Transaction ID : B4CC72328E50140C1860
City Myrtle Beach	State SC Zip Code 29577-3040	
Purpose of Disbursement Office Supplies	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:		

SUBTOTAL of Disbursements This Page (optional).....	391.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Distad's-BP		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 823 Penn Street NE		Amount of Each Disbursement this Period 42.82 Transaction ID : BDA7121EA508C4109852
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Travel	Category/ Type
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. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 41.00 Transaction ID : B04BFA865A2F148DCA3D
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Category/ Type
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) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 1692.39 Transaction ID : BDA5D02609CF04A228B7
City Lexington	State SC	
Zip Code 29072-8648	Purpose of Disbursement Direct Mail Postage	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	1776.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 890.90 Transaction ID : B5A50742DAA5F4D3CA71
City Washington	State DC Zip Code 20003-1819	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 826.11 Transaction ID : B1B6387DAEBF24FE1B38
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Direct Mail Production	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 6.17 Transaction ID : B88A1D04A8397465691F
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	890.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Fed Ex		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period 107.98 Transaction ID : B5AE83B85514B463ABF0
City Myrtle Beach	State SC	
Zip Code 29577-6517	Purpose of Disbursement Shipping	Category/Type
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. GS Beverage Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 2850 North Kings Hwy		Amount of Each Disbursement this Period 77.82 Transaction ID : B20F57DC0B1EF49FE93E
City Myrtle Beach	State SC	
Zip Code 29577-3014	Purpose of Disbursement Food/Beverage	Category/Type
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) C. Cost Plus		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period 68.08 Transaction ID : B10AFE1CA551E4EE7AF0
City Bluffton	State SC	
Zip Code 29910-6638	Purpose of Disbursement Office Supplies	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	253.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address US 76 Cashua DR.		Amount of Each Disbursement this Period 126.88 Transaction ID : B926E609575984B7E9B1
City Florence	State SC	
Zip Code 29501-0000	Purpose of Disbursement Food/Beverage	Category/ Type
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. GS Beverage Co.		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 2850 North Kings Hwy		Amount of Each Disbursement this Period 972.43 Transaction ID : B4A957CC364FF41A9800
City Myrtle Beach	State SC	
Zip Code 29577-3014	Purpose of Disbursement Food/Beverage	Category/ Type
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) c. GS Beverage Co.		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 2850 North Kings Hwy		Amount of Each Disbursement this Period 50.19 Transaction ID : B4347F8C9BB634920A8F
City Myrtle Beach	State SC	
Zip Code 29577-3014	Purpose of Disbursement Food/Beverage	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	1149.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Fed Ex		M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period 91.79
City	State Zip Code	
Myrtle Beach	SC 29577-6517	Transaction ID : B30AECA6DE7524C9B918
Purpose of Disbursement	Category/Type	
Shipping		
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Fed Ex		M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period 43.19
City	State Zip Code	
Myrtle Beach	SC 29577-6517	Transaction ID : B3CC24DECDF114CE4B25
Purpose of Disbursement	Category/Type	
Shipping		
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Cost Plus		M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 30 Malphrus Road Suite G		Amount of Each Disbursement this Period 149.04
City	State Zip Code	
Bluffton	SC 29910-6638	Transaction ID : B87021AEACA234C4EBCC
Purpose of Disbursement	Category/Type	
Office Supplies		
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	284.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. We The Pizza		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 51.42 Transaction ID : BD45C839CF5154A45B02
City Washington State DC Zip Code 20003-1148	Purpose of Disbursement Food/Beverage	
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. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95 Transaction ID : BBC94051F97774D40B68
City Myrtle Beach State SC Zip Code 29572-4337	Purpose of Disbursement Salary	
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) C. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 169.44 Transaction ID : B86CA13CE6FB94730800
City Myrtle Beach State SC Zip Code 29577-2351	Purpose of Disbursement Salary	
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:		

SUBTOTAL of Disbursements This Page (optional).....	428.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 434.66 Transaction ID : B5FBB46D52DB14C8BB74
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Strategic Health Care		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 1120 G Street NW #1000		Amount of Each Disbursement this Period 350.00 Transaction ID : B556B0E07CB8C42C6B6F
City Washington	State DC	
Zip Code 20005-3892	Purpose of Disbursement Event Site Rental	Category/ Type
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) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 32.55 Transaction ID : B421A3E450A4F4156A4B
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Accounting	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	434.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. AccuChecks		M M / D D / Y Y Y Y 05 / 06 / 2015	
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period	
City	State	Zip Code	93.89
Myrtle Beach	SC	29577-3103	Transaction ID : BA3920C0E5AE44DBB9DB
Purpose of Disbursement Payroll Taxes		Category/ Type	
Candidate Name			
Office Sought:	House	Disbursement For: 2016	
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Fed Ex		M M / D D / Y Y Y Y 05 / 08 / 2015	
Mailing Address 1170 Seaboard St		Amount of Each Disbursement this Period	
City	State	Zip Code	151.18
Myrtle Beach	SC	29577-6517	Transaction ID : B0449CD5B25DA4CFB979
Purpose of Disbursement Shipping		Category/ Type	
Candidate Name			
Office Sought:	House	Disbursement For: 2016	
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Acqua AI 2		M M / D D / Y Y Y Y 05 / 08 / 2015	
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period	
City	State	Zip Code	120.10
Washington	DC	20003-4311	Transaction ID : BD8657178BBF94D868F2
Purpose of Disbursement Food/Beverage		Category/ Type	
Candidate Name			
Office Sought:	House	Disbursement For: 2016	
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	365.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. The Midnight Rooster			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015		
Mailing Address E Carolina Ave			Amount of Each Disbursement this Period 247.83		
City Hartsville	State SC	Zip Code 29550	Transaction ID : BE7E8A53E42114F5C816		
Purpose of Disbursement Food/Beverage		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Distad's-BP			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015		
Mailing Address 823 Penn Street NE			Amount of Each Disbursement this Period 33.12		
City Washington	State DC	Zip Code 20003	Transaction ID : BEDE4A877EFD247259D1		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. Enterprise Rent-A-Car			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015		
Mailing Address 906 W Mercury Blvd			Amount of Each Disbursement this Period 545.29		
City Hampton	State VA	Zip Code 23666-4323	Transaction ID : BE310906ED5EB4FDCA6E		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	826.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Coker College Dining Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015
Mailing Address 300 East College Ave		Amount of Each Disbursement this Period 703.91 Transaction ID : BE05E1F6FA7D94920B85
City Hartsville	State SC Zip Code 29550-3742	
Purpose of Disbursement Food/Beverage	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. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 18.57 Transaction ID : B75168562CEEB4EBFAA4
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 456.05 Transaction ID : B8F919FBBB13F4DA783A
City Myrtle Beach	State SC Zip Code 29577-3040	
Purpose of Disbursement Office Supplies	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:		

SUBTOTAL of Disbursements This Page (optional).....	1178.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 76.48 Transaction ID : BC0FBBA5C39B14C74967
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	Category/ Type
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. Johnny's Half Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 400 North Capitol Street NW		Amount of Each Disbursement this Period 387.39 Transaction ID : BA6CAD90624154EB99C8
City Washington	State DC	
Zip Code 20001-1511	Purpose of Disbursement Food/Beverage	Category/ Type
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) C. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : BA8BBF0F93B354D3089C
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	671.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. James Lucas Rice			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 5100 N Ocean Blvd			Amount of Each Disbursement this Period 78.50
City Myrtle Beach	State SC	Zip Code 29577-2541	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : BF08D17346E224B36BA1
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. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
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 Accounting		Category/ Type	Transaction ID : B95D9B2098826458FA9A
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) c. Air Canada			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address PO Box 64239RPO			Amount of Each Disbursement this Period 30.00
City Calgary	State ZZ	Zip Code 00000	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B88EB9AF7BCC44356B4E
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:		

SUBTOTAL of Disbursements This Page (optional).....	141.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 49.00
City Myrtle Beach	State SC	
Zip Code 29577-3978	Purpose of Disbursement Postage	Transaction ID : B4346FCD1EE1F48B2801
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. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 14.32
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : BA4F88AD162E140DEA85
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) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 10.14
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : BAB1BACB0264E4CF3A0C
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:		

SUBTOTAL of Disbursements This Page (optional).....	73.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 55.01
City Garden City	State SC	
Zip Code 29576	Purpose of Disbursement Travel	Transaction ID : B3C9E173DB880451394A
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. Air Canada		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address PO Box 64239RPO		Amount of Each Disbursement this Period 30.00
City Calgary	State ZZ	
Zip Code 00000	Purpose of Disbursement Travel	Transaction ID : B5FAFBCAFEC4A4B5F87B
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) c. Air Canada		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address PO Box 64239RPO		Amount of Each Disbursement this Period 200.00
City Calgary	State ZZ	
Zip Code 00000	Purpose of Disbursement Travel	Transaction ID : BAEB07A26943F48C7B40
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:		

SUBTOTAL of Disbursements This Page (optional).....	285.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 302.00 Transaction ID : B616D78967ABA4986B7E
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 426.23 Transaction ID : BA0B2D13085B94EACA86
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 17.77 Transaction ID : B491FBE52E8CF455684E
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	746.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.05 Transaction ID : BD818C8DC57D44A208B8
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 16.13 Transaction ID : BC0CFDD11696C4780888
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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) c. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 162.00 Transaction ID : BE987C7F0882440F1AE3
City San Francisco	State CA Zip Code 94105-1813	
Purpose of Disbursement Web Services	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:		

SUBTOTAL of Disbursements This Page (optional).....	187.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 109		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 400 First St., SE		Amount of Each Disbursement this Period 38.78
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : B1E52D30A2A5F4857A5A
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. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 400 First St., SE		Amount of Each Disbursement this Period 75.09
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : BE75F824020BD419B9FE
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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 20.83
City Myrtle Beach State SC Zip Code 29577-3040	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	Transaction ID : B43FB9AE6435C42C3BD8
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:	

SUBTOTAL of Disbursements This Page (optional).....	134.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 9.01
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	Transaction ID : BDF8AA4B5659C4DFA82F
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. Amazon		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 1516 2nd Ave N		Amount of Each Disbursement this Period 267.60
City Seattle	State WA	
Zip Code 98109-3171	Purpose of Disbursement Office Supplies	Transaction ID : B9FEEFF9A6B814E2E8F1
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) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 10.00
City Myrtle Beach	State SC	
Zip Code 29577-3978	Purpose of Disbursement Postage	Transaction ID : BDD948C16C30E4FC5BEA
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:		

SUBTOTAL of Disbursements This Page (optional).....	286.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Rayburn Cafeteria			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address Rayburn Building			Amount of Each Disbursement this Period 22.45 Transaction ID : B0A31F2A359624B41801
City Washington	State DC	Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage		Category/ Type	
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. Huckaby Davis Lisker			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2015
Mailing Address 228 S Washington St Ste 115			Amount of Each Disbursement this Period 3557.01 Transaction ID : BAC1AE6D709FC44D4A36
City Alexandria	State VA	Zip Code 22314-5404	
Purpose of Disbursement Compliance Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. US Airways			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 4000 E Sky Harbor Blvd			Amount of Each Disbursement this Period 21.00 Transaction ID : B0447E48211A74FDDBA1
City Phoenix	State AZ	Zip Code 85034-3802	
Purpose of Disbursement Travel		Category/ Type	
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:			

SUBTOTAL of Disbursements This Page (optional).....	3600.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 Transaction ID : B67004D830CA34F2F8FE
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 22.00 Transaction ID : B667586B72C6A46DDA34
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	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) c. Sea Captains House		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 946.33 Transaction ID : B634B181E3F844E7ABD6
City Myrtle Beach	State SC Zip Code 29577-3046	
Purpose of Disbursement Food/Beverage	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:		

SUBTOTAL of Disbursements This Page (optional).....	1168.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 18.30 Transaction ID : B7BC64E647C0B4F33A4F
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 115.16 Transaction ID : B48F31C2FEB574BD581A
City Myrtle Beach	State SC Zip Code 29577-9733	
Purpose of Disbursement Cell Phone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Distad's-BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 823 Penn Street NE		Amount of Each Disbursement this Period 47.97 Transaction ID : B406F97215D6D491ABA8
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Travel	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:		

SUBTOTAL of Disbursements This Page (optional).....	181.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Harris Teeter			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015		
Mailing Address US 76 Cashua DR.			Amount of Each Disbursement this Period 104.18		
City Florence	State SC	Zip Code 29501-0000	Transaction ID : BC0A6E0EC59F34EFBB8A		
Purpose of Disbursement Food/Beverage		Category/ Type			
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. Coker College Dining Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015		
Mailing Address 300 East College Ave			Amount of Each Disbursement this Period 50.00		
City Hartsville	State SC	Zip Code 29550-3742	Transaction ID : B405A11BE3B1D46D5A19		
Purpose of Disbursement Food/Beverage		Category/ Type			
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) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015		
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 13.35		
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : B01F14B9300504BDD9AB		
Purpose of Disbursement Travel		Category/ Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	167.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 7.44
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B1E853A00760D4D90A96
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. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 13.17
City San Francisco	State CA	Zip Code 94105-1611	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B0C44E18ACADD40ABA25
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) c. Air Canada			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO Box 64239RPO			Amount of Each Disbursement this Period 25.06
City Calgary	State ZZ	Zip Code 00000	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B70BAC1D4A63246BEA2D
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:		

SUBTOTAL of Disbursements This Page (optional).....	45.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Air Canada		Date of Disbursement MM / DD / YYYY 06 / 02 / 2015
Mailing Address PO Box 64239RPO		Amount of Each Disbursement this Period \$ 21.11 Transaction ID : B44FFE740B1B7403B998
City Calgary	State ZZ	
Zip Code 00000	Purpose of Disbursement Travel	Category/ Type
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. Rayburn Cafeteria		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period \$ 91.30 Transaction ID : BCA07890A418A4125969
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	Category/ Type
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) c. AccuChecks		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period \$ 82.33 Transaction ID : B2A5C6EC44ABE48E5B64
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 194.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
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 Accounting	Transaction ID : B146181DD26514DBE89D
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. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.95
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	Transaction ID : B985D130DF6F3403391E
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) C. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 28.18
City Myrtle Beach	State SC	
Zip Code 29577-2351	Purpose of Disbursement Mileage Reimbursement	Transaction ID : BED0F25D5663441F2933
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:		

SUBTOTAL of Disbursements This Page (optional).....	268.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 110.58 Transaction ID : BA25AD318867B4FE3BAC
City Myrtle Beach	State SC Zip Code 29577-2351	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Distad's-BP		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 823 Penn Street NE		Amount of Each Disbursement this Period 33.91 Transaction ID : BD475C010A6654A8ABF7
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. IntLegacy.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 820 Davis Street Ste 210		Amount of Each Disbursement this Period 82.98 Transaction ID : BFAA0E8300D304D7AA62
City Evanston	State IL Zip Code 60201-4445	
Purpose of Disbursement Web Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	227.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 15.95 Transaction ID : B6495D2B72E144EAD903
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Food/Beverage	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. La Chaumiere		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 2813 M St., NW		Amount of Each Disbursement this Period 100.00 Transaction ID : BBE387CDAD9E94B78B83
City Washington	State DC Zip Code 20007-3712	
Purpose of Disbursement Food/Beverage	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) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 10.00 Transaction ID : B8D6D08FA3AFC4DBAB9F
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	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:		

SUBTOTAL of Disbursements This Page (optional).....	125.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Distad's-BP		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 823 Penn Street NE		Amount of Each Disbursement this Period 48.42 Transaction ID : B897E4C866A544439A29
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel	
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. Rayburn Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 63.85 Transaction ID : BB07AE90528474A0C965
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	
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) c. Capital Grill		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 601 Pennsylvania Ave SE		Amount of Each Disbursement this Period 202.75 Transaction ID : B375D08ACBFFC44F08A1
City Washington State DC Zip Code 20003-4303	Purpose of Disbursement Food/Beverage	
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:		

SUBTOTAL of Disbursements This Page (optional).....	315.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 109			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 550.26 Transaction ID : B360F925AD0FC461AA6A
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Winfrey & Company			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 228 S Washington St Ste B7			Amount of Each Disbursement this Period 1436.81 Transaction ID : B0BB0228809084E5286D
City Alexandria	State VA	Zip Code 22314-5408	
Purpose of Disbursement Event Catering/Site Rental		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 505 N Kings Hwy			Amount of Each Disbursement this Period 11.30 Transaction ID : B276D48FBBA3C4BE7B86
City Myrtle Beach	State SC	Zip Code 29577-3978	
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1998.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 5.25 Transaction ID : B74896889018840E281B
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
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. Flowershop Network.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address PO Box 786		Amount of Each Disbursement this Period 107.59 Transaction ID : B2274A9E42A9D4F13981
City Paragould	State AR Zip Code 72451-0786	
Purpose of Disbursement Flowers	Category/Type	
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) c. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 233.28 Transaction ID : BA3EEFE9B94904187A9B
City San Francisco	State CA Zip Code 94105-1813	
Purpose of Disbursement Web Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	346.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 31.69
City Garden City	State SC	
Zip Code 29576	Purpose of Disbursement Travel	Transaction ID : BE09F5CFAC75844FD857
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. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 62.89
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	Transaction ID : B23CCD550E415451BA9D
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) C. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 30.04
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Accounting	Transaction ID : BD16D45DD3E324E61B58
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:		

SUBTOTAL of Disbursements This Page (optional).....	124.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 109			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2400.00 Transaction ID : BF5E23611031C44F3B4D
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software	
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. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.96 Transaction ID : BD71A18BBC9C24125B5A
City Myrtle Beach State SC Zip Code 29572-4337	Purpose of Disbursement Salary	
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) c. Ciao Italian Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 5223 N Kings Hwy		Amount of Each Disbursement this Period 358.02 Transaction ID : BC545B24EC1884FA2BF2
City Myrtle Beach State SC Zip Code 29577-2510	Purpose of Disbursement Food/Beverage	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2965.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 21.76 Transaction ID : B03E86F5FD3414209A70
City Myrtle Beach	State SC Zip Code 29577-5705	
Purpose of Disbursement Travel	Category/Type	
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. Flowershop Network.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address PO Box 786		Amount of Each Disbursement this Period 96.78 Transaction ID : B2CDE6A73E39A4822955
City Paragould	State AR Zip Code 72451-0786	
Purpose of Disbursement Flowers	Category/Type	
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) c. Sea Captains House		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 34.73 Transaction ID : B6FEA4F58817E45C7A4E
City Myrtle Beach	State SC Zip Code 29577-3046	
Purpose of Disbursement Food/Beverage	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	153.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 419.20 Transaction ID : B2FFC33B39A7140D2A22
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
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. Flowershop Network.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address PO Box 786		Amount of Each Disbursement this Period 66.99 Transaction ID : B0F4476E598914D74954
City Paragould	State AR Zip Code 72451-0786	
Purpose of Disbursement Flowers	Category/Type	
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) C. DC Taxis		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period 17.68 Transaction ID : BB4E6D2BF9B6A476B9E8
City Washington	State DC Zip Code 20002-1804	
Purpose of Disbursement Travel	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	503.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 92.40 Transaction ID : B0E38CCF6B5544985899
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.07 Transaction ID : BEFAC8A501D4641AC81C
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. La Chaumiere		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 2813 M St., NW		Amount of Each Disbursement this Period 236.45 Transaction ID : B52C9CB164603445C839
City Washington	State DC Zip Code 20007-3712	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	339.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 18.75 Transaction ID : B754A85C96D7A4A93895
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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. DC Taxis		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period 19.68 Transaction ID : B0FEA3AFA8DBE4C558F4
City Washington	State DC Zip Code 20002-1804	
Purpose of Disbursement Travel	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) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 11.31 Transaction ID : B415BDF65D5C64AE8B8D
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	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:		

SUBTOTAL of Disbursements This Page (optional).....	49.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Square Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 470.50 Transaction ID : BA48EFD4F3D6E4D5C81D
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Merchant Fees	Category/Type	
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. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address PO Box 70700		Amount of Each Disbursement this Period 4073.50 Transaction ID : BC5FD1E2796514DBDAC5
City Myrtle Beach	State SC Zip Code 29572-0030	
Purpose of Disbursement Reimbursement-See Memo	Category/Type	
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) C. Carefree Catering		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 8151 Ocean Hwy		Amount of Each Disbursement this Period 4073.50 Transaction ID : BFA3C94BC991E4F33BF2 [MEMO ITEM]
City Pawleys Island	State SC Zip Code 29585-7359	
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4544.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 109			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Tom Rice			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015	
Mailing Address PO Box 70700			Amount of Each Disbursement this Period 793.67	
City Myrtle Beach	State SC	Zip Code 29572-0030	Transaction ID : BFDE4B1278A63486188F	
Purpose of Disbursement Reimbursement-See Memos		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. Grande Dunes Members Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015	
Mailing Address 1580 Terre Verde Dr			Amount of Each Disbursement this Period 213.00	
City Myrtle Beach	State SC	Zip Code 29579-5346	Transaction ID : BF59874DE40354412846	
Purpose of Disbursement Event Site Rental		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:				

[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015	
Mailing Address 182 Howard St. #8			Amount of Each Disbursement this Period 12.63	
City San Francisco	State CA	Zip Code 94105-1611	Transaction ID : B12301C0A32C448ACB4B	
Purpose of Disbursement Travel		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:				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	793.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 109	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US House of Representatives Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015	
Mailing Address Longworth Building			Amount of Each Disbursement this Period 568.04	
City Washington	State DC	Zip Code 20515-0001	Transaction ID : BA7A7DA49522A46EA8FC	
Purpose of Disbursement Donor Gifts		Category/Type		
Candidate Name			[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)			
State: District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	40238.52

**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 106 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Community Law Enforcement Committee		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 508 Thornton Ct		Amount of Each Disbursement this Period 500.00 Transaction ID : BE674C1A7ECAD4226B2B
City Myrtle Beach	State SC Zip Code 29579-3651	
Purpose of Disbursement Charitable Contribution	Category/Type	
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. Dillon County GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 602 S. 14th Ave.		Amount of Each Disbursement this Period 250.00 Transaction ID : BCFFA26FC6BAB4420A93
City Dillon	State SC Zip Code 29536-4328	
Purpose of Disbursement Nonfederal Contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

Full Name (Last, First, Middle Initial) c. Marlboro County GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 409 Sherwood Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : BCA223168FEC7496B915
City Bennettsville	State SC Zip Code 29512-3551	
Purpose of Disbursement Nonfederal Contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 109			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Chesterfield County GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address PO Box 357		Amount of Each Disbursement this Period 250.00 Transaction ID : B6EE8CD4759544B5DB56
City Patrick	State SC	
Zip Code 29584-0357	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

Full Name (Last, First, Middle Initial) B. Darlington County GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 1620 Timmons ville Hwy		Amount of Each Disbursement this Period 250.00 Transaction ID : B493DF1E7005D40C69DF
City Darlington	State SC	
Zip Code 29532-7500	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

Full Name (Last, First, Middle Initial) c. Marion County GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 5697 Old Mullins Hwy		Amount of Each Disbursement this Period 250.00 Transaction ID : BF1478F16FFC34BE5BA3
City Nichols	State SC	
Zip Code 29581-6072	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Horry County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 2351 Highway 501 S		Amount of Each Disbursement this Period 500.00 Transaction ID : B0ACCFDB978194BFB9D1
City Conway	State SC	
Zip Code 29526	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Cmte.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 60000.00 Transaction ID : BDA14D0D67C4D41ABADA
City Washington	State DC	
Zip Code 20003-1838	Purpose of Disbursement Transfer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA REPUBLICAN PARTY FEDERAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2015
Mailing Address P.O. BOX 12373		Amount of Each Disbursement this Period 3500.00 Transaction ID : B44A272A69A1F43C3A43
City Columbia	State SC	
Zip Code 29211-2373	Purpose of Disbursement Political Contribution	Category/ Type
Candidate Name SOUTH CAROLINA REPUBLICAN PARTY FEDERAL	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	64000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Florence County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 1825 Brigadoone Ln.		Amount of Each Disbursement this Period 500.00 Transaction ID : B88C3CBC7C2AB43FF953
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other2015	State: District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	66250.00