

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

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506048

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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

11 /

08 /

2016

in the State of

SC

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

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

/

5. Covering Period

10 /

01 /

2016

through

10 /

19 /

2016

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

Lisker, Lisa, , ,

Type or Print Name of Treasurer

Lisker, Lisa, , ,

Signature of Treasurer

[Electronically Filed]

Date

10 /

26 /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	9751.17	1062145.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9751.17	1056745.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	141833.42	600220.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1872.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	141833.42	598348.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	573596.17	
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 05/2016)

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	750.00	404350.00
(ii) Unitemized.....	1.17	16545.07
(iii) TOTAL of contributions from individuals ▶	751.17	420895.07
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	641250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9751.17	1062145.07
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.)	0.00	1872.45
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)..... ▶	9751.17	1064017.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	141833.42	600220.97
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	5400.00
(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	5400.00
21. OTHER DISBURSEMENTS	500.00	305278.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	142333.42	934898.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	706178.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9751.17
25. SUBTOTAL (add Line 23 and Line 24).....	715929.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142333.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	573596.17

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

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

FOR LINE NUMBER: PAGE 5 OF 23
(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)
English, Philip, , ,
 Mailing Address 1717 K Street NW
 City Washington State DC Zip Code 20006-5343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arent Fox Occupation Government Relations
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2016
Transaction ID : A1E9C99E8B2B24F8A86A
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Collins, Darroll, , ,
 Mailing Address PO Box 329
 City Mullins State SC Zip Code 29574-0329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Collins Home Center Occupation Owner
 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
 10 / 19 / 2016
Transaction ID : AFC6DF150B5814D3F9FB
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 23	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA	State MN	Zip Code 55343
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FEC ID number of contributing federal political committee. **C** C00274431

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
10 / 17 / 2016

Transaction ID : ACCC1A301C2DC4DAEA82

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address PO Box 764

City Columbia	State SC	Zip Code 29202-0764
------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : A23BCC3AE095F4E76936

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Telecommun Coop. Assoc. PAC

Mailing Address 4121 Wilson Blvd FI 10

City Arlington	State VA	Zip Code 22203-1839
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FEC ID number of contributing federal political committee. **C** C00004473

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : A50864DF22F6E48F4AA4

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 23	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Aircraft Owners and Pilots Association PAC

Mailing Address 421 Aviation Way

City Frederick	State MD	Zip Code 21701-4756
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00131185

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : AF33F1023F4A84C08A7D

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC

Mailing Address 2901 TELESTAR CT.

City Falls Church	State VA	Zip Code 22042-1260
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FEC ID number of contributing federal political committee. **C** C00005249

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : A5C296112BC864576870

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3500.00
TOTAL This Period (last page this line number only)..... ▶	_____ 9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016
Mailing Address One PNC Plaza		FEC Identification Number C
City Pittsburgh	State PA	Zip Code 15222
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 3.00
Candidate Name	Category/Type	Transaction ID : B633CC8019E364231A22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016
Mailing Address 605 19th Ave N		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Payroll Service		Amount of Each Disbursement this Period 43.49
Candidate Name	Category/Type	Transaction ID : B1DD544E74BDD45D5A6A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Davis, Terra, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 230.87
Candidate Name	Category/Type	Transaction ID : BBC4C24B808CC4068A96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	277.36
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 9 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Boehm, Cassie, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016	
Mailing Address PO Box 70098			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-0020	Amount of Each Disbursement this Period 227.84	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : BC07ED32C0B9D4A828A8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Wyeth, Tyler, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016	
Mailing Address 1107 48th Avenue N. Suite 310A			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-5443	Amount of Each Disbursement this Period 313.55	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : B20CFD92064064815A02	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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 10 / 06 / 2016	
Mailing Address 605 19th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3103	Amount of Each Disbursement this Period 189.00	
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : BBEDB536717B944EEBBD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	730.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winfrey & Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2016	
Mailing Address 228 S Washington St Ste B7			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314-5408	Amount of Each Disbursement this Period 3734.27	
Purpose of Disbursement Event Catering/Site Rental		Category/ Type	Transaction ID : BB18648FBFE844E4DB60	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Morning News			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 310 S Dargan St			FEC Identification Number C	
City Florence	State SC	Zip Code 29506-2537	Amount of Each Disbursement this Period 1191.19	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : BA9DB71F0C0684D0F830	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. North Myrtle Beach Times			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 203 N Kings Hwy			FEC Identification Number C	
City North Myrtle Beach	State SC	Zip Code 29582	Amount of Each Disbursement this Period 572.00	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : B3A68D5DB947D4E8998B	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5497.46
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 11 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 1043 Barr Rd			FEC Identification Number C	
City Lexington	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 100265.00	
Purpose of Disbursement Media Buy		Category/Type	Transaction ID : B2A01F376EA8142DEACD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Rice, Tom, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address PO Box 70700			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-0030	Amount of Each Disbursement this Period 3163.37	
Purpose of Disbursement Expense Reimbursement-See Memos		Category/Type	Transaction ID : BBFF8B407E0A14876AAD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Spirit Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address 2800 Executive Way			FEC Identification Number C	
City Miramar	State FL	Zip Code 33025-6542	Amount of Each Disbursement this Period 301.22	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B7F252DFD26E4F95944	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	103428.37
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 12 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Congressional Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 2001 New Hampshire Ave NW		FEC Identification Number C
City Washington	State DC	Zip Code 20009-3414
Purpose of Disbursement Membership Dues		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : B71514467CB8D445822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 729 Bridge St.		FEC Identification Number C
City Weymouth	State MA	Zip Code 02191-2139
Purpose of Disbursement Office Equipment		Amount of Each Disbursement this Period 302.39
Candidate Name		Transaction ID : BF5A0EE6D5A6243489FE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 469.20
Candidate Name		Transaction ID : B37172B66DBA04534879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 13 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. City Of Georgetown			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address 120 N Fraser St			FEC Identification Number C	
City Georgetown	State SC	Zip Code 29440-3254	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Signage Permit		Category/ Type	Transaction ID : B1792CE9BFCAF4B7B84C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. The Dunes Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address 9000 N Ocean Blvd			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-4424	Amount of Each Disbursement this Period 547.08	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : B3505E613242B4FA08BF	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address 1601 Willow Rd			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 341.65	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : B594E90C66F574FC2B18	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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).....▶	

**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 14 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kings Valet			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address 1201 Creel St			FEC Identification Number C	
City Conway	State SC	Zip Code 29527-5011	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Valet Service		Category/Type	Transaction ID : B123C56F84F17476997C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Citi Card			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016	
Mailing Address PO Box 9001037			FEC Identification Number C	
City Louisville	State KY	Zip Code 40290-1037	Amount of Each Disbursement this Period 14744.58	
Purpose of Disbursement Credit Card Payment--See Memos		Category/Type	Transaction ID : B139829DDA5E14D9DBA2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016	
Mailing Address 1601 Willow Rd			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 427.38	
Purpose of Disbursement Online Service		Category/Type	Transaction ID : BE91D930BA205491B8BA	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	14744.58
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 15 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016	
Mailing Address 1043 Barr Rd			FEC Identification Number C	
City Lexington	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 10913.36	
Purpose of Disbursement Communications Consulting/Event Catering		Category/ Type	Transaction ID : B29BE348C87CB41FEA5E	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Magnolias			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016	
Mailing Address 2605 N Ocean Blvd			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3238	Amount of Each Disbursement this Period 22.44	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : B88BA0133C1814941861	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016	
Mailing Address 4333 Amon Carter Blvd			FEC Identification Number C	
City Fort Worth	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 398.73	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B9A4FF522F4F54EEE83F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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).....▶	

**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 16 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 729 Bridge St.		FEC Identification Number C
City Weymouth	State MA	Zip Code 02191-2139
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 205.23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD4A8F136AB69467F96A
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Bright and Beautiful		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 9902B N. Kings Hwy		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-4049
Purpose of Disbursement Flowers	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 171.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B2682EE72EDEE47E58E9
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 182 Howard St. #8		FEC Identification Number C
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 36.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BCF8CFE3EB144D8EB7C
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bonefish Grill		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address Highway 17		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577
Purpose of Disbursement Food/Beverage		Amount of Each Disbursement this Period 255.43
Candidate Name	Category/ Type	Transaction ID : B09A5F5E535DA49D28E8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address Store #855		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577
Purpose of Disbursement Office Equipment		Amount of Each Disbursement this Period 305.33
Candidate Name	Category/ Type	Transaction ID : BE36DFE18CF7640CB816
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 2301 N Kings Hwy		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-3040
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 242.23
Candidate Name	Category/ Type	Transaction ID : BC6DA47B750FB412AA8E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 18 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 1516 2nd Ave N		FEC Identification Number C
City Seattle	State WA	Zip Code 98109-3171
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 739.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD2E1FBC20E6342E9B52
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Citi Card		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address PO Box 9001037		FEC Identification Number C
City Louisville	State KY	Zip Code 40290-1037
Purpose of Disbursement Credit Card Payment--See Memos	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 17155.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB1FF5F58B5614F48A4A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address 10820 Kings Rd		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-6070
Purpose of Disbursement Food/Beverage	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 796.11	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B481CA3B0C39A4C27B8B
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	17155.26
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 19 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Croissants		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address 3751 Robert M Grissom Pkwy		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-6412
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1939.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B41191DCD6CB14DFC84B
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Caledonia Golf & Fish Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address PO Box 1320		FEC Identification Number C
City Pawleys Island	State SC	Zip Code 29585-1320
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 444.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAF8E583684C04BCE8B3
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Cool Ideas Marketing		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address 1229 38th Ave N		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-1313
Purpose of Disbursement Media Buy	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3037.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B483981572BA74A4586B
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 20 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Green's Discount Beer & Wine			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 2850 N Kings Hwy			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3014	Amount of Each Disbursement this Period 352.85	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B4D968AA3F6D8488E85C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. The Dillon Herald			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address PO Box 1288			FEC Identification Number C	
City Dillon	State SC	Zip Code 29536-1288	Amount of Each Disbursement this Period 393.30	
Purpose of Disbursement Advertising		Category/Type	Transaction ID : B398581C20AA54CFA8C9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 4333 Amon Carter Blvd			FEC Identification Number C	
City Fort Worth	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 382.37	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B9AA0570BD113438F9E0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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).....▶	

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 21 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. In News and Press Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 117 S Main Street			FEC Identification Number C	
City Darlington	State SC	Zip Code 29532-3207	Amount of Each Disbursement this Period 496.08	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : B59EA0EC789C54097B5F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Crave			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 7101 Democracy Blvd			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20817-1018	Amount of Each Disbursement this Period 522.18	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BCDBE7663BCCE4CD28F6	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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 10 / 19 / 2016	
Mailing Address 182 Howard St. #8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 16.60	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B2038B3F006B54D31B86	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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).....▶	

**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 22 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Pee Dee Publishing			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 541 Highway 1 S			FEC Identification Number C	
City Cheraw	State SC	Zip Code 29520-3811	Amount of Each Disbursement this Period 678.00	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : B87D768684EFA438EB1A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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 10 / 19 / 2016	
Mailing Address 300 1st St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 725.96	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BAB87A1F2330147C39A1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016	
Mailing Address 2512 Virginia Ave NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20037-9997	Amount of Each Disbursement this Period 47.00	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : B140B0B7BB05242D295C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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).....▶	141833.42

**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 23 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YMCA		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016
Mailing Address 5000 Claire Chapin Epps Dr		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-1723
Purpose of Disbursement Charitable Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : BC2122508442B446780A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	500.00