

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRESS			
ADDRESS (number and street) PO Box 70098			
CITY, STATE, and ZIP CODE Myrtle Beach SC 29572-0020			
2. NAME OF CANDIDATE Tom Rice	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER C00506048
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Pee Dee Electric Cooperative		Date (month, day, year) 06/06/2016	Amount 1000.00
Transaction ID : 6D679F00166274543/			
Occupation VP - Marketing			
Brian F. Kelley 1355 E Mclver Rd Darlington SC 29532-8112			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Association for Advanced Life Underwriting PAC		Date (month, day, year) 06/06/2016	Amount 2500.00
Transaction ID : 69F8F1CCE3E9B4AA			
Occupation			
Association for Advanced Life Underwriting PAC 11921 Freedom DRive Suite 1100 Reston VA 20190-5634			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Jim Killen		Date (month, day, year) 06/06/2016	Amount 1000.00
Transaction ID : 64D7E71FC2A6B4B7			
Occupation			
Jim Killen PO Box 631 York SC 29745-0631			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Action Committee for Rural Electrification PAC		Date (month, day, year) 06/06/2016	Amount 3500.00
Transaction ID : 6EFE61B9ED2074BB			
Occupation			
Action Committee for Rural Electrification PAC 4301 Wilson Blvd. Arlington VA 22203-1867			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date (month, day, year) 06/07/2016	Amount 1000.00
Transaction ID : 6206CA6DC8C8D4EF			
Occupation			
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE 1100 WILSON BLVD SUITE 1500 ARLINGTON VA 22209			
SIGNATURE (optional) <i>Lisa Lisker</i>		DATE 06/08/2016	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRESS		continuation page	
ADDRESS (number and street) PO Box 70098			
CITY, STATE, and ZIP CODE Myrtle Beach SC 29572-0020			
2. NAME OF CANDIDATE Tom Rice	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER C00506048	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Ernst & Young PAC 1101 New Your Avenue, NW Washington DC 20005-4269	Name of Employer Occupation	Date (month, day, year) 06/08/2016	Amount 3000.00
		Transaction ID : 668A997F5856B49A7BEE	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE KPMG, PAC Post Office Box 18254 Washington DC 20036-8254	Name of Employer Occupation	Date (month, day, year) 06/08/2016	Amount 2500.00
		Transaction ID : 62B7561A3CE2444DC8ED	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Employees of Northrop Grumman Corporation PAC 2980 Fairview Park Drive Falls Church VA 22042-4511	Name of Employer Occupation	Date (month, day, year) 06/08/2016	Amount 2000.00
		Transaction ID : 65EE360268F8E4B6DB75	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF 601 THIRTEENTH STREET, NW SUITE 700 NORTH WASHINGTON DC 20005	Name of Employer Occupation	Date (month, day, year) 06/08/2016	Amount 1000.00
		Transaction ID : 69C76935CCDC542F3AF2	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE American Hospital Association PAC 325 7th St. NW Suite 700 Washington DC 20004-2801	Name of Employer Occupation	Date (month, day, year) 06/08/2016	Amount 1000.00
		Transaction ID : 6B837A9FC5C304F8084D	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRESS			
ADDRESS (number and street) PO Box 70098			
CITY, STATE, and ZIP CODE Myrtle Beach SC 29572-0020			
2. NAME OF CANDIDATE Tom Rice		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER C00506048
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE 10101 WOODLOCH FOREST DRIVE THE WOODLANDS TX 77380	Name of Employer Occupation Transaction ID : 6019A16E508954503949	Date (month, day, year) 06/08/2016	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE David Olander 2944 Bridgehampton Ct Falls Church VA 22042-4481	Name of Employer Attorney Occupation Capitol Counsel LLC Transaction ID : 6CB12751A3B0644898C7	Date (month, day, year) 06/08/2016	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

continuation page