

# 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 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 06 / 14 / 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 04 / 01 / 2016 through 05 / 25 / 2016

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 06 / 02 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	90685.00	764893.90
(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)).....	90685.00	764893.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39630.94	380010.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	2.54	1872.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39628.40	378138.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	571174.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2650.00	344350.00
(ii) Unitemized.....	1035.00	15043.90
(iii) TOTAL of contributions from individuals ▶	3685.00	359393.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	87000.00	405500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90685.00	764893.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	2.54	1872.45
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	90687.54	766766.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39630.94	380010.94
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 .....	14625.00	236059.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	54255.94	640069.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	534742.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90687.54
25. SUBTOTAL (add Line 23 and Line 24).....	625429.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54255.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	571174.03

**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 5 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Wilkins**

Mailing Address 31 Serrine Dr

City Greenville State SC Zip Code 29605-1136

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

Name of Employer Nelson Mullins Occupation Attorney

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 / 2016

**Transaction ID : A5972C3A183814DDCA8B**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2012 Slippery Rock Cove

City Clover State SC Zip Code 29710-6307

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

Name of Employer Domtar Paper Company LLC Occupation VP Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : A71731335AFB6479A99E**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Raffaniello**

Mailing Address 325 - 7th St NW

City Washington State DC Zip Code 20004-2818

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : AFC0D46388468495C950**

Amount of Each Receipt this Period  
250.00

Memo Item

**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: (check only one)	PAGE 6 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Talley**

Mailing Address 304 Lloyds Lane

City Alexandria State VA Zip Code 22302-3709

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

Name of Employer Talley & Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : A40B5A12A03A24B108F5**

Amount of Each Receipt this Period  
 150.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Kies**

Mailing Address 6109 Franklin Park Rd

City Mc Lean State VA Zip Code 22101-4214

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

Name of Employer Federal Policy Group Occupation Managing Director

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 / 25 / 2016

**Transaction ID : A8E35AAED9EBE4287B52**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Colleen Litkenhaus**

Mailing Address 1121 D Street SE

City Washington State DC Zip Code 20003-2231

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

Name of Employer Dow Chemical Company Occupation Associate Director of Government Affai

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 / 11 / 2016

**Transaction ID : A045F8A1A762D4F1F9FD**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1400.00

**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 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**J. Allen Martin**

Mailing Address 10095 Lawyers Road

City Vienna State VA Zip Code 22181-2939

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

Name of Employer The Livingston Group Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : A74C66EA179F54DA18B5**

Amount of Each Receipt this Period  
 250.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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).....

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

250.00

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 8 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')

Mailing Address 1250 I STREET, NW #1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

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 / 05 / 2016

**Transaction ID : A6014078DEF32489B949**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 1019

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00063586

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  
 04 / 25 / 2016

**Transaction ID : AA45C32A4F2E54049915**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : AED7B0058B77D42C6947**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**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: (check only one)	PAGE 9 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

City THOMASVILLE    State NC    Zip Code 27360

FEC ID number of contributing federal political committee. **C** C00496836

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  
 05 / 17 / 2016

**Transaction ID : A65107EE212D14A85B14**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Realtors Pac

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : ACF250CA73ADD4A02A61**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 1932 Wynnton Rd.

City Columbus    State GA    Zip Code 31909

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer    Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : A593A74D5C48149259FD**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6500.00

**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 10 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C** C00227546

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  
04 / 18 / 2016

**Transaction ID : A792B71B77CF34D7AB9F**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DYKEMA GOSSETT FEDERAL PAC**

Mailing Address 201 TOWNSEND STREET  
SUITE 900

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00342113

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 / 05 / 2016

**Transaction ID : AA70D15EEC9844C86A84**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Committee for the Advancement of Cotton**

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

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  
05 / 11 / 2016

**Transaction ID : A668C146D913C49BAB87**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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: (check only one)	PAGE 11 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave., NW  
Suite 500 W.

City Washington State DC Zip Code 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  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : AF0B1216ED2D1492A9B3**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** 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  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : AD6DA92B46C834A1D86D**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2016

**Transaction ID : A5D2B4D729E61403D911**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: (check only one)	PAGE 12 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar Political Action Committee**

Mailing Address 101 North Third Street

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

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 / 29 / 2016

**Transaction ID : A08A80A86AAD64A428B6**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC**

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2016

**Transaction ID : A5378259D55364B56998**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave., NW  
Suite 500 W.

City Washington State DC Zip Code 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 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : A3926853C5860474D870**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

8500.00

**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 13 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**United Technologies Corporation PAC**

Mailing Address 1101 Pennsylvania Ave NW Fl 10  
10th Floor

City Washington State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : A22AA42986DD24574ABC**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 469 Hospital Dr  
Suite C

City Gastonia State NC Zip Code 28054-4779

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : ADF5EAE4330EC4E61B33**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 801 PENNSYLVANIA AVE., NW  
SUITE 220

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00064774

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  
 05 / 18 / 2016

**Transaction ID : A642CF3221D754CEFAFA**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 14 OF 43
	<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	

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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  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : A34B88740A8DC4286A58**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Southeastern Lumber Manufacturers Association PAC**

Mailing Address 200 Greencastle Road

City Tyrone State GA Zip Code 30290-2943

FEC ID number of contributing federal political committee. **C** C00128678

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  
 05 / 11 / 2016

**Transaction ID : A3690CCC34E7E47BF955**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Blue Cross Blue Shield of SC PAC**

Mailing Address I-20 at Alpine Rd.

City Columbia State SC Zip Code 29219-0001

FEC ID number of contributing federal political committee. **C** C00406850

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : AC07E178E9C184AB8A7A**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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 15 OF 43  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

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  
05 / 18 / 2016

**Transaction ID : A182AC26A88F047A2A3D**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Duke Energy Corporation PAC**

Mailing Address 550 S. Tryon Street

City State Zip Code  
Charlotte NC 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : A2E5A2250901C4860894**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Redesignation Requested

**C.** Full Name (Last, First, Middle Initial)  
**UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT PAC)**

Mailing Address 313 MASSACHUSETTS AVENUE NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00502807**

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 / 05 / 2016

**Transaction ID : A3A8D817024B442A4924**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: (check only one)	PAGE 16 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Northwestern Mutual Federal Political Action Committee**

Mailing Address 720 E. Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

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  
 05 / 11 / 2016

**Transaction ID : A9ACCF0CD68A6450ABAC**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**General Electric PAC**

Mailing Address 1299 Pennsylvania Ave NW Suite 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

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  
 05 / 18 / 2016

**Transaction ID : AA152C0CBBDC94E9483E**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Publix Super Markets, Inc. Associates PAC**

Mailing Address P.O. Box 407

City Lakeland State FL Zip Code 33802-0407

FEC ID number of contributing federal political committee. **C C00400705**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : A255673D3308F4DADB04**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6000.00



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

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

FOR LINE NUMBER: PAGE 17 OF 43  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Mailing Address 316 PENNSYLVANIA AVE SE  
SUITE 401

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00503680

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : A06F5E9FD30BF4F0D989**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 1932 Wynnton Rd.

City Columbus State GA Zip Code 31909

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : A29C44B426826437CAE7**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

Mailing Address 555 12TH STREET, NW  
SUITE 660

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 25 / 2016

**Transaction ID : AF45413C7C416474392A**

Amount of Each Receipt this Period  
3500.00

Memo Item

**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: (check only one)	PAGE 18 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AFIT PAC**

Mailing Address 1625 Prince St Ste 225  
Suite 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C C00250399**

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  
 05 / 25 / 2016

**Transaction ID : A1ED39B1343BC4448A45**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF ENROLLED AGENTS POLITICAL ACTION COMMITTEE**

Mailing Address 1730 RHODE ISLAND AVENUE, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00415372**

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 / 05 / 2016

**Transaction ID : AE0A5037CE3F243BFA06**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**(NACSPAC) NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE**

Mailing Address 1600 DUKE STREET

City Alexandria State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C C00126763**

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 / 29 / 2016

**Transaction ID : AF59978E8076B47D1AF2**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

8500.00

**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 19 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T, Inc. Federal PAC**

Mailing Address c/o 1133 21st Street, NW  
Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : ADD26C62FF93D410DADD**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PPL CORPORATION PEOPLE FOR GOOD GOVERNMENT**

Mailing Address TWO NORTH NINTH STREET  
GENTW2

City ALLENTOWN State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C C00228106**

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 / 17 / 2016

**Transaction ID : A923D4FE62930401DB80**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

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  
 05 / 05 / 2016

**Transaction ID : A961BCE0E434E45709F9**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 20 OF 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers of America, Inc. PAC**

Mailing Address 412 First Street SE  
Suite 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

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 / 11 / 2016

**Transaction ID : A662CC4BB34054D50B6C**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Committee for the Advancement of Southeast Cotton**

Mailing Address 139 Prominence Court  
Suite 110

City Dawsonville State GA Zip Code 30534-8940

FEC ID number of contributing federal political committee. **C** C00300426

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  
05 / 11 / 2016

**Transaction ID : AF839BC082783440A9C8**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Transportation Intermediaries Association PAC**

Mailing Address 1625 Prince Street  
Suite 200

City Alexandria State VA Zip Code 22314-2883

FEC ID number of contributing federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : A3C5EA71264314930857**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

5500.00

**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 43
	<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INTUIT INC. 21ST CENTURY LEADERSHIP FUND**

Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

FEC ID number of contributing federal political committee. **C C00361741**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : AB1C76F8579244070A13**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address 175 BERKELEY STREET

City BOSTON State MA Zip Code 02117

FEC ID number of contributing federal political committee. **C C00171843**

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  
 05 / 11 / 2016

**Transaction ID : ABB758AB9DCC34917B4D**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Assoc of Home Builders PAC**

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : AF213DA0881254D59833**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 22 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City State Zip Code  
SPRINGFIELD MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

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  
 05 / 25 / 2016

Transaction ID : A5BECDD4F93404B6D944

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 I STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00303339

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  
 05 / 11 / 2016

Transaction ID : ACA29B9AEE3844391910

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
ARDA-ROC PAC

Mailing Address 1201 15th St NW  
Suite 400

City State Zip Code  
Washington DC 20005-2899

FEC ID number of contributing federal political committee. **C** C00358663

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  
 05 / 05 / 2016

Transaction ID : A6735CCCA017F46209F8

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

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

7500.00

**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 23 OF 43
<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	

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NAME OF COMMITTEE (In Full)  
**TOM RICE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 1301 K St NW  
Suite 800 West

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

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  
05 / 25 / 2016

**Transaction ID : A281BC67D9C214317A26**

Amount of Each Receipt this Period  
2500.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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).....

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

2500.00

87000.00

**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 24 OF 43			
	<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) <b>A. SOUTH CAROLINA REPUBLICAN PARTY FEDERAL</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address P.O. BOX 12373			Amount of Each Disbursement this Period 3480.00
City Columbia	State SC	Zip Code 29211-2373	
Purpose of Disbursement Filing Fee		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name <b>SOUTH CAROLINA REPUBLICAN PARTY FEDERAL</b>		Transaction ID : <b>B3269A5F597924061B11</b>	
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>B. AccuChecks</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
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 Payroll Service		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>B0BE47AAA53644D9C9DA</b>	
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>c. Terra Davis</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address PO Box 70098			Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	Zip Code 29572-0020	
Purpose of Disbursement Salary		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>B0C76A70FEE2E4C3780E</b>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3743.42
<b>TOTAL</b> 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 25 OF 43	
	<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) <b>A. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.74
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : BE587EB20F22540DAAE3
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>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 103.09
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B58FAC1FAB930468FA5C
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>c. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 7190.71
City Alexandria	State VA	
Zip Code 22314-5408	Purpose of Disbursement Fundraising Consulting/Catering/Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B5068D021B4AB4073AE2
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7501.54
<b>TOTAL</b> 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 26 OF 43			
	<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) <b>A. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 102.92
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BFDE8CBB8A91840AD861</b>
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>B. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 207.75
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BAA18830AD520466A9EB</b>
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>c. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BFE0B320E0E004B1DA86</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	541.55
<b>TOTAL</b> 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 27 OF 43	
	<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) <b>A. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
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 Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B530B63E7C1194BC4AFB</b>
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>B. Ryan Link</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 615 Swann Ave		Amount of Each Disbursement this Period 325.00
City Alexandria	State VA	
Zip Code 22301-1428	Purpose of Disbursement Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BFB3CAB76173749DF941</b>
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>c. Party Helpers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 19403 Rayfield Dr		Amount of Each Disbursement this Period 500.00
City Germantown	State MD	
Zip Code 20874-6257	Purpose of Disbursement Event Catering/Site Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BEE6DE320DC7642C0A66</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	857.55
<b>TOTAL</b> 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 28 OF 43			
	<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) <b>A. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period 10437.45
City Alexandria	State VA	
Zip Code 22314-5408	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B4BC711001E4F42338EB</b>
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>B. Huckaby Davis Lisker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 3514.67
City Alexandria	State VA	
Zip Code 22314-5404	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : B93921477D515436CA4F</b>
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>c. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 3.00
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Bank Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : BADA60F73A4234C3D984</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13955.12
<b>TOTAL</b> 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 29 OF 43	
	<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) <b>A. ProShuckers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 1725 Crab Alley Dr		Amount of Each Disbursement this Period 1590.00
City Chester	State MD	
Zip Code 21619-2761	Purpose of Disbursement Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : BE748B26AD8224006AD1</b>
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>B. Alex Eline</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 109.39
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : B670AD67498BC4CA189D</b>
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>c. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.87
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : B03106A9C39D347D48DB</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1930.26
<b>TOTAL</b> 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 30 OF 43			
	<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) <b>A. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
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 Payroll Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : B42C2AA49CF874A2FB35</b>
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>B. AccuChecks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 65.91
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : BF4430615E1FF4FF5871</b>
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>c. Terra Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address PO Box 70098		Amount of Each Disbursement this Period 230.88
City Myrtle Beach	State SC	
Zip Code 29572-0020	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : BCD5DD79C051A43B2AEA</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	329.34
<b>TOTAL</b> 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 31 OF 43			
	<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)		Date of Disbursement																																	
<b>A. AccuChecks</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>20</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		20		2016																						
M M	/	D D	/	Y Y Y Y																															
05		20		2016																															
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period																																	
City Myrtle Beach State SC Zip Code 29577-3103		<table border="1"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>9</td> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30</td> <td>.</td> <td>19</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0							30	.	19							
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																				
						30	.	19																											
Purpose of Disbursement Payroll Service		<input type="checkbox"/> Memo Item																																	
Candidate Name		Transaction ID : B7C0A41FF630542ACBCC																																	
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)		Date of Disbursement																		
<b>B. AccuChecks</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>20</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		20		2016							
M M	/	D D	/	Y Y Y Y																
05		20		2016																
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period																		
City Myrtle Beach State SC Zip Code 29577-3103		<table border="1"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>9</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>39</td> <td>.</td> <td>90</td> </tr> </table>		4	3	2	1	0	.	9	0							39	.	90
4	3	2	1	0	.	9	0													
						39	.	90												
Purpose of Disbursement Payroll Taxes		<input type="checkbox"/> Memo Item																		
Candidate Name		Transaction ID : B5CCA8F94B3BE4705978																		
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)		Date of Disbursement																	
<b>C. PNC Credit Card</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		07		2016						
M M	/	D D	/	Y Y Y Y															
04		07		2016															
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period																	
City Pittsburgh State PA Zip Code 15222		<table border="1"> <tr> <td>4</td> <td>8</td> <td>3</td> <td>6</td> <td>.</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4836</td> <td>.</td> <td>23</td> </tr> </table>		4	8	3	6	.	2	3							4836	.	23
4	8	3	6	.	2	3													
						4836	.	23											
Purpose of Disbursement Credit Card Payment-See Memos		<input type="checkbox"/> Memo Item																	
Candidate Name		Transaction ID : B6EDF0178E9814A0BAD0																	
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:																		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>4</td> <td>9</td> <td>0</td> <td>6</td> <td>.</td> <td>3</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4906</td> <td>.</td> <td>32</td> </tr> </table>	4	9	0	6	.	3	2							4906	.	32
4	9	0	6	.	3	2											
						4906	.	32									
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>																

**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 32 OF 43	
	<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) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 258 Highway 17 N		Amount of Each Disbursement this Period 23.89
City North Myrtle Beach	State SC	
Zip Code 29582-2938	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>B. Vertical Response</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 162.00
City San Francisco	State CA	
Zip Code 94105-1813	Purpose of Disbursement Online Service	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>c. Holiday Inn Charleston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 250 Johnnie Dodds Blvd		Amount of Each Disbursement this Period 517.04
City Mount Pleasant	State SC	
Zip Code 29464-2933	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 33 OF 43			
	<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) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 207.17
City Myrtle Beach	State SC	
Zip Code 29577-9733		<b>Transaction ID : B9CBF8BF87BB34A93B83</b>
Purpose of Disbursement Phone Service	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>B. Pacifio Cantino-DC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 514 8th St SE		Amount of Each Disbursement this Period 215.13
City Washington	State DC	
Zip Code 20003-2834		<b>Transaction ID : B39E078FA59ED4856909</b>
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>c. Bright and Beautiful</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 9902B N. Kings Hwy		Amount of Each Disbursement this Period 304.95
City Myrtle Beach	State SC	
Zip Code 29572-4049		<b>Transaction ID : B9BAEF4EC68BF4CEE8E7</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 34 OF 43	
	<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) <b>A. The Restoration</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address 75 Wentworth St		Amount of Each Disbursement this Period 295.49
City Charleston	State SC	
Zip Code 29401-1427	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : B8C0F6E7F62544B78B87</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 61.90
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : B17A1E4100DB94E50A1A</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sonesta Resort Hilton Head Island</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address 130 Shipyard Dr		Amount of Each Disbursement this Period 240.90
City Hilton Head Island	State SC	
Zip Code 29928-4932	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : B70BA06B3A6A441B0BFE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 35 OF 43	
	<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) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 607.79
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : BA974D2CAC7304DD1B1F</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 110.50
City Washington	State DC	
Zip Code 20004-2601	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : BE03585AAD70B402698C</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Joe's Seafood, Prime Steak &amp; Stone Crab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 750 15th St NW		Amount of Each Disbursement this Period 367.73
City Washington	State DC	
Zip Code 20005-1018	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : BB7F1F60E79304DC0BF4</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 36 OF 43	
	<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) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 44.49
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B273010E292CC4CFBA34</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 581.18
City Fort Worth	State TX Zip Code 76155-2605	
Purpose of Disbursement Travel	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B8C10CB2ED3924C289C2</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. PNC Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 2801.65
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Credit Card Payment-See Memos	Candidate Name	<input type="checkbox"/> Memo Item <b>Transaction ID : B6D93458842014B208EC</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2801.65
<b>TOTAL</b> 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 37 OF 43	
	<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) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 551 Seaboard St		Amount of Each Disbursement this Period 134.63
City Myrtle Beach	State SC	
Zip Code 29577-9733	Purpose of Disbursement Phone Service	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : B0B597009552447EFA90
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 469.09
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : B28963907A29E4737BDC
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 2512 Virginia Ave NW		Amount of Each Disbursement this Period 22.65
City Washington	State DC	
Zip Code 20037-9997	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : B68ECB5D15CF048F5836
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 38 OF 43	
	<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) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 182 Howard St. #8		Amount of Each Disbursement this Period 6.37
City San Francisco	State CA Zip Code 94105-1611	
Purpose of Disbursement Travel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : BE7C0BC6609954F078DC

Full Name (Last, First, Middle Initial) <b>B. SPIRIT AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 643.54
City Miramar	State FL Zip Code 33025-6542	
Purpose of Disbursement Travel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : BD9AC97AC1CAC4D3C8EC

Full Name (Last, First, Middle Initial) <b>c. Vertical Response</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 162.00
City San Francisco	State CA Zip Code 94105-1813	
Purpose of Disbursement Online Service	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : B205FEC8279D14BF08F7

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 39 OF 43	
	<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) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address RHOB B-339B		Amount of Each Disbursement this Period 324.49
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : B5C6043F77D4649EEB2E
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 1516 2nd Ave N		Amount of Each Disbursement this Period 292.36
City Seattle	State WA	
Zip Code 98109-3171	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : B292F4DC3CE134143828
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tom Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 2744.62
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Reimbursement-See Memos	<input type="checkbox"/> Memo Item
Candidate Name Tom Rice	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)	Transaction ID : BAC309D00AD204A3FBF3
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2744.62
<b>TOTAL</b> 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 40 OF 43	
	<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) <b>A. Belks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 1200 Belk Drive		Amount of Each Disbursement this Period 236.74
City Mount Pleasant	State SC	
Zip Code 29464-3394	Purpose of Disbursement Wallet for Donation to charity auction	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : <b>BD6E6AC6E145F46FD822</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 622.20
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : <b>BDBC978A98B574756B2B</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 6929 N. Lakewood Ave. Ste. 100		Amount of Each Disbursement this Period 203.20
City Tulsa	State OK	
Zip Code 74117-1824	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : <b>B306BF8DE3724450EBD4</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 41 OF 43	
	<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) <b>A. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 1030.00
City Washington State DC Zip Code 20009-3414	Purpose of Disbursement Event Tickets	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> 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)	<b>Transaction ID : BD66D141846E9420986A</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SPIRIT AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 43.09
City Miramar State FL Zip Code 33025-6542	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> 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)	<b>Transaction ID : B34C55988806449DB8B5</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	
Candidate Name	Category/Type	<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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	39311.37

**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 42 OF 43
	<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) <b>A. The Village Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address PO Box 700		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Georgetown	State SC	
Zip Code 29442-0700	Purpose of Disbursement Charitable Contribution	Transaction ID : <b>B6CC947E78A434F0DA6A</b>
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>B. Disabled American Veterans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO Box 14301		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Cincinnati	State OH	
Zip Code 45250-0301	Purpose of Disbursement Charitable Contribution	Transaction ID : <b>B52F4C5F911974124AF3</b>
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>C. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 9000.00 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003-1838	Purpose of Disbursement Transfer	Transaction ID : <b>B22F4FFD95CB74043BC2</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11000.00
<b>TOTAL</b> 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 43 OF 43	
	<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) <b>A. SOUTH CAROLINA REPUBLICAN PARTY FEDERAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 03 / 2016</b>
Mailing Address P.O. BOX 12373		Amount of Each Disbursement this Period <b>2500.00</b>
City Columbia	State SC	
Zip Code 29211-2373	Purpose of Disbursement Transfer	<input type="checkbox"/> Memo Item
Candidate Name <b>SOUTH CAROLINA REPUBLICAN PARTY FEDERAL</b>	Category/Type	<b>Transaction ID : B654A5A43D0994C38980</b>
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>B. DON BACON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>
Mailing Address P.O. BOX 391368		Amount of Each Disbursement this Period <b>1000.00</b>
City OMAHA	State NE	
Zip Code 68139	Purpose of Disbursement Political Contribution	<input type="checkbox"/> Memo Item
Candidate Name <b>Donald Bacon</b>	Category/Type	<b>Transaction ID : B49B8DEBAEC914B58AD0</b>
Office Sought: <input checked="" 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: NE District: 02		

Full Name (Last, First, Middle Initial) <b>C.</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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>14500.00</b>