

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 MYRTLE BEACH SC 29572-0020 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00506048 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT SC 07

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 07/01/2022 through 09/30/2022

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 LISKER, LISA, , , Signature of Treasurer LISKER, LISA, , , [Electronically Filed] Date MM/DD/YYYY 10/15/2022

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
TOM RICE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1981953.83
(b) Total Contribution Refunds (from Line 20(d))	379210.00	390810.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 379210.00	1591143.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	137465.28	2251317.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	1201.34	1216.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	136263.94	2250101.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	411817.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1189409.00
(ii) Unitemized.....	0.00	49894.82
(iii) TOTAL of contributions from individuals ▶	0.00	1239303.82
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	742650.01
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1981953.83
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1201.34	1216.54
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1201.34	1983170.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	137465.28	2251317.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	268110.00	279710.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	111100.00	111100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	379210.00	390810.00
21. OTHER DISBURSEMENTS	0.00	125431.64
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	516675.28	2767559.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	927291.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1201.34
25. SUBTOTAL (add Line 23 and Line 24).....	928492.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	516675.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	411817.20

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 80	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMUNITY BROADCASTERS LLC

Mailing Address 199 WEALTHA AVE

City WATERTOWN	State NY	Zip Code 13601-1837
-------------------	-------------	------------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2022

Transaction ID : A78ACFA7C68CA4707B8E

Amount of Each Receipt this Period
 _____ 1150.00

Memo Item
VENDOR REFUND OF OVERPAYMENT

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)..... ▶

_____	1150.00
_____	1150.00

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 6 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACCUCHECKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2022
Mailing Address 605 19TH AVE N		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 86.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC8D246DF8AD84E7A918
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KOCKMARUK, STEVE, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2022
Mailing Address PO BOX 70098		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29572-0020
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 497.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB7686786DC7A456DBAD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ACCUCHECKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2022
Mailing Address 605 19TH AVE N		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement ACCOUNTING SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 40.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF8DEC94F35B048CAAFB
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	623.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 80			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2022		
Mailing Address 551 SEABOARD ST			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-9733	Amount of Each Disbursement this Period 121.62		
Purpose of Disbursement CELL PHONE		Category/ Type	Transaction ID : B1793C2E338C04135AEF		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ACCUCHECKS			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2022		
Mailing Address 605 19TH AVE N			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-3103	Amount of Each Disbursement this Period 36.10		
Purpose of Disbursement ACCOUNTING SERVICE		Category/ Type	Transaction ID : B4338643AC7494FBC871		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. KOCKMARUK, STEVE, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2022		
Mailing Address PO BOX 70098			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29572-0020	Amount of Each Disbursement this Period 411.08		
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : BA29AFBB3BDF7462D831		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	568.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 80			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACCUCHECKS		Date of Disbursement
Mailing Address 605 19TH AVE N		M M / D D / Y Y Y Y 07 / 08 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement PAYROLL TAXES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 71.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAAD0745DE42D4E6A83F
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WILSON, JENNIFER, , ,		Date of Disbursement
Mailing Address 137 N GATE RD		M M / D D / Y Y Y Y 07 / 25 / 2022
City MYRTLE BEACH	State SC	Zip Code 29572-5618
Purpose of Disbursement SALARY		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 7918.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF3C3C0B40CCD4FF3A27
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RICE, JAMES, LUCAS, ,		Date of Disbursement
Mailing Address 5100 N OCEAN BLVD		M M / D D / Y Y Y Y 07 / 25 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-2541
Purpose of Disbursement SALARY		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1642.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF4FA3C6604B44B62A18
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9632.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RICE, JAMES, LUCAS, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2022		
Mailing Address 5100 N OCEAN BLVD			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-2541			
Purpose of Disbursement SALARY			Transaction ID : B12E37FE151A04AD4A51		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ACCUCHECKS			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2022		
Mailing Address 605 19TH AVE N			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-3103			
Purpose of Disbursement PAYROLL TAXES			Transaction ID : BB5B19313E5A0479D914		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ACCUCHECKS			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2022		
Mailing Address 605 19TH AVE N			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-3103			
Purpose of Disbursement PAYROLL TAXES			Transaction ID : BC1A82F00278247A5B8F		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5558.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACCUCHECKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2022
Mailing Address 605 19TH AVE N		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement ACCOUNTING SERVICE		Amount of Each Disbursement this Period 37.67
Candidate Name		Transaction ID : BD8A8999A9A59443BA17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2022
Mailing Address 551 SEABOARD ST		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29577-9733
Purpose of Disbursement CELL PHONE		Amount of Each Disbursement this Period 120.52
Candidate Name		Transaction ID : B90D16060FEBD4910BB0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1200 TRINITY DR		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314-4724
Purpose of Disbursement FUNDRAISING CONSULTING/SHIPPING		Amount of Each Disbursement this Period 4156.58
Candidate Name		Transaction ID : B5D29EB586DCF4E9AAA3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4314.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELTA BUILDING SYSTEMS			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2022	
Mailing Address 1133 HOWE SPRINGS RD			FEC Identification Number C	
City FLORENCE	State SC	Zip Code 29505-6609	Amount of Each Disbursement this Period 1300.00	
Purpose of Disbursement SIGNAGE		Category/ Type	Transaction ID : B0CC2157BF11C49C9925	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TAG LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2022	
Mailing Address PO BOX 1243			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22313-1243	Amount of Each Disbursement this Period 37586.53	
Purpose of Disbursement ONLINE ADS		Category/ Type	Transaction ID : B4E1035B85337418EAE7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TAG LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2022	
Mailing Address PO BOX 1243			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22313-1243	Amount of Each Disbursement this Period 28294.03	
Purpose of Disbursement ONLINE ADS		Category/ Type	Transaction ID : BA179DF5985B6440081C	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	67180.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUCKABY DAVIS LISKER			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2022	
Mailing Address 228 S WASHINGTON ST STE 115			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-5404	Amount of Each Disbursement this Period 7494.92	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : BE3690207D5204811AA2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. RICE, JAMES, LUCAS, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2022	
Mailing Address 5100 N OCEAN BLVD			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-2541	Amount of Each Disbursement this Period 880.67	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : B99C04C76D20745D2A55	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WILSON, JENNIFER, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2022	
Mailing Address 137 N GATE RD			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29572-5618	Amount of Each Disbursement this Period 3959.23	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : B6A24E00E40FA42D7B61	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12334.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 80			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACCUCHECKS		Date of Disbursement
Mailing Address 605 19TH AVE N		M M / D D / Y Y Y Y 08 / 30 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement PAYROLL TAXES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1621.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B161C0208492B4E70B47
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ACCUCHECKS		Date of Disbursement
Mailing Address 605 19TH AVE N		M M / D D / Y Y Y Y 08 / 30 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement ACCOUNTING SERVICE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 40.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC8C4E60660784C84918
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement
Mailing Address 551 SEABOARD ST		M M / D D / Y Y Y Y 09 / 08 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-9733
Purpose of Disbursement CELL PHONE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 120.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B82A57C37869A4AE68C2
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1782.96
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACCUCHECKS		Date of Disbursement
Mailing Address 605 19TH AVE N		M M / D D / Y Y Y Y 09 / 30 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : B42B55492760E40529D9
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ACCUCHECKS		Date of Disbursement
Mailing Address 605 19TH AVE N		M M / D D / Y Y Y Y 09 / 30 / 2022
City MYRTLE BEACH	State SC	Zip Code 29577-3103
Purpose of Disbursement ACCOUNTING SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : BD2845ABD4EB5429C806
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CITI CARD		Date of Disbursement
Mailing Address PO BOX 9001037		M M / D D / Y Y Y Y 09 / 30 / 2022
City LOUISVILLE	State KY	Zip Code 40290-1037
Purpose of Disbursement VOID PAYMENT ISSUED 6/6/22	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : BF844CAB9062442DC873
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	321.87
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILSON, JENNIFER, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2022	
Mailing Address 137 N GATE RD			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29572-5618	Amount of Each Disbursement this Period 3959.23	
Purpose of Disbursement SALARY		Category/Type	Transaction ID : B3CB3C1898C234770919	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. RICE, JAMES, LUCAS, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2022	
Mailing Address 5100 N OCEAN BLVD			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-2541	Amount of Each Disbursement this Period 880.67	
Purpose of Disbursement SALARY		Category/Type	Transaction ID : B2B36CBF54C0E4C7BA77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CITI CARD			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address PO BOX 9001037			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290-1037	Amount of Each Disbursement this Period 30186.77	
Purpose of Disbursement CREDIT CARD PAYMENT- SEE MEMOS		Category/Type	Transaction ID : B99D9868D52A84B93BE1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	35026.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 4333 AMON CARTER BLVD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 59.95	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : B4FA4788D8D1D409B9EC	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 2301 N KINGS HWY			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-3040	Amount of Each Disbursement this Period 54.49	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	Transaction ID : B5D19092CB01B47039A5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ARISTOTLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 2400.00	
Purpose of Disbursement SOFTWARE		Category/Type	Transaction ID : B5D45676CF35B4857982	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 182 HOWARD ST # 8			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 22.21	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : B388A4E7420B34E9CB91	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. IHEART MEDIA			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 20880 STONE OAK PKWY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78258-7460	Amount of Each Disbursement this Period 345.95	
Purpose of Disbursement MEDIA BUY		Category/ Type	Transaction ID : BFEE7F004EF20493FAF6	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. STARBOARD COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1043 BARR RD			FEC Identification Number C	
City LEXINGTON	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type	Transaction ID : B27F7E42D3BD94547972	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UHAUL			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 5604 S KINGS HWY			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29575-4974	Amount of Each Disbursement this Period 254.75	
Purpose of Disbursement MOVING SERVICE		Category/ Type	Transaction ID : BF9637C84547A45F7B0C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. APPLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1 INFINITE LOOP			FEC Identification Number C	
City CUPERTINO	State CA	Zip Code 95014-2083	Amount of Each Disbursement this Period 0.99	
Purpose of Disbursement WEB SERVICE		Category/ Type	Transaction ID : B6E6A1D6A0DB44BF6A62	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 300 1ST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 327.98	
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : B9BF6C75C00CC452BBA2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 4333 AMON CARTER BLVD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 368.60	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : B4F6B8F8AC6934C4BAAF	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BROTHERS GRILL			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 5900 N KINGS HWY UNIT G,			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-2326	Amount of Each Disbursement this Period 6049.06	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B707BE519597449B590D	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 2301 N KINGS HWY			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-3040	Amount of Each Disbursement this Period 86.52	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	Transaction ID : BA167138F6DF44DEDA9	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IHEART MEDIA			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 20880 STONE OAK PKWY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78258-7460	Amount of Each Disbursement this Period - 279.73	
Purpose of Disbursement MEDIA BUY CREDIT		Category/ Type	Transaction ID : BC4960F6826164AB8878	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ADOBE PHOTOGRAPHY PLAN			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 345 PARK AVE			FEC Identification Number C	
City SAN JOSE	State CA	Zip Code 95110-2704	Amount of Each Disbursement this Period 9.99	
Purpose of Disbursement SUBSCRIPTION		Category/ Type	Transaction ID : BA0C16C6A09C2465DA6E	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. STARBOARD COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1043 BARR RD			FEC Identification Number C	
City LEXINGTON	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 3536.92	
Purpose of Disbursement DIRECT MAIL		Category/ Type	Transaction ID : B6E96F17AAC6543C7AB7	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BELGA CAFE		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 514 8TH ST SE,		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-2834
Purpose of Disbursement MEETING EXPENSE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 185.37	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD1C7DF1C9A324D0D886 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 258 HIGHWAY 17 N		FEC Identification Number C
City NORTH MYRTLE BEACH	State SC	Zip Code 29582-2938
Purpose of Disbursement SHIPPING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 449.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B059147E77CB3463B96B <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BLUEBERRY'S		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 7931 N KINGS HWY		FEC Identification Number C
City MYRTLE BEACH	State SC	Zip Code 29572-3038
Purpose of Disbursement MEETING EXPENSE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 58.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B144ABEC0A8944C86AEE <input checked="" type="checkbox"/> Memo Item
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHARLIE PALMERS			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 101 CONSTITUTION AVE NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Disbursement this Period 1088.08	
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : BAED80E9CBA1A49C7B26	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. UHAUL			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 5604 S KINGS HWY			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29575-4974	Amount of Each Disbursement this Period 371.00	
Purpose of Disbursement MOVING SERVICE		Category/ Type	Transaction ID : B7376C7D59C4D422D99A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 182 HOWARD ST # 8			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 17.52	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : B967FFB114835477DA6A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXON MOBILE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 24264 HIGHWAY 17			FEC Identification Number C	
City GARDEN CITY	State SC	Zip Code 29576	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : B762EBB682765460CA09	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. STARBOARD COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1043 BARR RD			FEC Identification Number C	
City LEXINGTON	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 1900.00	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : BF765C146341E45A0B3A	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GOOGLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1600 AMPHITHEATRE PKWY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043-1351	Amount of Each Disbursement this Period 45.36	
Purpose of Disbursement WEB SERVICE		Category/ Type	Transaction ID : B6C2F98B740DC4DC8A36	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**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 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXTRA SPACE STORAGE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 338 JESSE ST			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29579-7423	Amount of Each Disbursement this Period 97.60	
Purpose of Disbursement STORAGE RENTAL		Category/Type	Transaction ID : B3169A904E6DC44819D8	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CIRCLE K			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 6441 COVENTRY WAY			FEC Identification Number C	
City CLINTON	State MD	Zip Code 20735-2251	Amount of Each Disbursement this Period 31.99	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : B644E170D12374E19801	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BIG MIKE'S SOULFOOD			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 504 16TH AVE N			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-3550	Amount of Each Disbursement this Period 1444.00	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B2F243AF8BF4C471B995	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**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 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 9842 OCEAN HWY			FEC Identification Number C	
City PAWLEYS ISLAND	State SC	Zip Code 29585-7598	Amount of Each Disbursement this Period 83.17	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : BAB34999BAC37446AAD6	
Candidate Name		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. APPLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1 INFINITE LOOP			FEC Identification Number C	
City CUPERTINO	State CA	Zip Code 95014-2083	Amount of Each Disbursement this Period 0.99	
Purpose of Disbursement WEB SERVICE		Category/Type	Transaction ID : BE30D96B7574C47B2854	
Candidate Name		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 2103 W BOBO NEWSOM HWY			FEC Identification Number C	
City HARTSVILLE	State SC	Zip Code 29550-4770	Amount of Each Disbursement this Period 50.19	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : B6B359B57EFFD44BFBF9	
Candidate Name		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VICTORS BISTRO & GARDEN ROOM			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1247 S IRBY ST			FEC Identification Number C	
City FLORENCE	State SC	Zip Code 29505-2754	Amount of Each Disbursement this Period 1404.70	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : BF7476AAE5D614E3BADF	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CRAVE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 5300 N KINGS HWY # 5998			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-2535	Amount of Each Disbursement this Period 187.55	
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : B91AE15D803FB4D6B959	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 8111 WESTCHESTER DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75225-6140	Amount of Each Disbursement this Period 70.88	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : BCDA63560F3F4463C949	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**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 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXON MOBILE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 24264 HIGHWAY 17			FEC Identification Number C	
City GARDEN CITY	State SC	Zip Code 29576	Amount of Each Disbursement this Period 96.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : B55D392F9C47F438C934	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. IHEART MEDIA			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 20880 STONE OAK PKWY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78258-7460	Amount of Each Disbursement this Period 294.10	
Purpose of Disbursement MEDIA BUY		Category/ Type	Transaction ID : B1246C1EA8E854AEE919	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. COMMUNITY BROADCASTERS LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 199 WEALTHA AVE			FEC Identification Number C	
City WATERTOWN	State NY	Zip Code 13601-1837	Amount of Each Disbursement this Period 690.00	
Purpose of Disbursement MEDIA BUY		Category/ Type	Transaction ID : BFC501BD22D0C4730993	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APPLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 1 INFINITE LOOP		FEC Identification Number C
City CUPERTINO	State CA	Zip Code 95014-2083
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 0.99
Candidate Name		Transaction ID : B7ECE6C57059E44FCAA8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WALL STREET JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 1211 AVENUE OF THE AMERICAS		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10036-8701
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 38.99
Candidate Name		Transaction ID : BF0367DD074324536BAB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. TOP HAT TEAS		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022
Mailing Address 234 W EVANS ST		FEC Identification Number C
City FLORENCE	State SC	Zip Code 29501-3428
Purpose of Disbursement MEETING EXPENSE		Amount of Each Disbursement this Period 99.30
Candidate Name		Transaction ID : B38D82629183D482B936
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOG HEAVEN			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 7147 OCEAN HWY			FEC Identification Number C	
City PAWLEYS ISLAND	State SC	Zip Code 29585-6586	Amount of Each Disbursement this Period 693.84	
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : BC3A02770D76449049DC	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 4333 AMON CARTER BLVD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 110.80	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : BEC56A3D5B410400C83F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SHELL OIL			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 2103 W BOBO NEWSOM HWY			FEC Identification Number C	
City HARTSVILLE	State SC	Zip Code 29550-4770	Amount of Each Disbursement this Period 68.01	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : B96F5A5AB7A8A4B91BFA	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**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 80	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 300 1ST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 546.05	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B44B2813E9BE84BB7A1D	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. APPLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 1 INFINITE LOOP			FEC Identification Number C	
City CUPERTINO	State CA	Zip Code 95014-2083	Amount of Each Disbursement this Period 9.99	
Purpose of Disbursement WEB SERVICE		Category/Type	Transaction ID : BFAD982C747484AC3A4F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ARISTOTLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2022	
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 2400.00	
Purpose of Disbursement SOFTWARE		Category/Type	Transaction ID : B5954AB04D73546B891C	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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)
 17 18 19a 19b
20a 20b 20c 21
PAGE 31 OF 80

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. ZOOM

Mailing Address 55 ALMADEN BLVD

City SAN JOSE State CA Zip Code 95113-1608

Purpose of Disbursement
CONFERENCE CALL SERVICE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 10 / 2022

FEC Identification Number
C

Amount of Each Disbursement this Period
16.34

Transaction ID : B70CD1790C34844E8BBC

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	137345.28

**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 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WEBSTER, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 200 BYRD BLVD											
City GREENVILLE	State SC	Zip Code 29605-1110	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00								
Candidate Name			Transaction ID : B03ED1E234E4B4CB5818								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) B. ISAAC, PAUL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 75 PROSPECT AVE											
City LARCHMONT	State NY	Zip Code 10538-3634	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 850.00								
Candidate Name			Transaction ID : B5397FA851E5F4A55841								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) C. CORTEZI, LOUISE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 1102 WATERWAY LN											
City DELRAY BEACH	State FL	Zip Code 33483-7156	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00								
Candidate Name			Transaction ID : B128EA896759B43F792A								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

SUBTOTAL of Disbursements This Page (optional).....	6550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOWARD, WANDA, L., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 9593 N KINGS HWY			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29572-4005			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2100.00		
Candidate Name			Transaction ID : BE2B88F74A43B4C21AC7		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. DEBBANE, RAY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 10 QUAIL RD			FEC Identification Number C		
City GREENWICH	State CT	Zip Code 06831-3369			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B67BF1B6555274EF98D4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. VALLARINO, MARY, EMILY, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 320 N AZALEA DR			FEC Identification Number C		
City SURFSIDE BEACH	State SC	Zip Code 29575-5024			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00		
Candidate Name			Transaction ID : B264D5C45FDDC4C0C818		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHUMACK, TUCKER, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2346 S NASH ST					
City ARLINGTON	State VA	Zip Code 22202-1548	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 600.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : BB17E50CFF55344DABA4		
State: District:			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. WOOD, SYLVIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 26 CHAPIN CIR					
City MYRTLE BEACH	State SC	Zip Code 29572-4405	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : BCF4EB72649CF48778E1		
State: District:			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. FRIEDMAN, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 812 PARK AVE					
City NEW YORK	State NY	Zip Code 10021-2770	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 1100.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : B6179423B6D6046FAA12		
State: District:			<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEINSTEIN, LARRY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1197 WHITEHALL POINTE			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30338-2654			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 1100.00		
Candidate Name			Transaction ID : BA107842FCBBF4DF28F3		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. LEWIS, SARAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1191 ELK VALLEY DR			FEC Identification Number C		
City EVERGREEN	State CO	Zip Code 80439-4924			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : BFCB4D650108146479BC		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. CLICK, JIM, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 6403 E MIRAMAR DR			FEC Identification Number C		
City TUCSON	State AZ	Zip Code 85715-3118			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B2AB8F855C0B94BF6B27		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADAMS, JOHNSTON, COOPER, MR., JR.			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 7 LOWER WAVERLY RD			FEC Identification Number C		
City PAWLEYS ISLAND	State SC	Zip Code 29585-5879	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B44A87689C01B4B4A89C		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. FUNK, DANIEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 8997 TERWILLIGERSRIDGE DR			FEC Identification Number C		
City CINCINNATI	State OH	Zip Code 45249-2762	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B14613338053D4B05816		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. FUNK, DANIEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 8997 TERWILLIGERSRIDGE DR			FEC Identification Number C		
City CINCINNATI	State OH	Zip Code 45249-2762	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B832F329B31224B489E9		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. DAVIS, JAMES, , ,

Mailing Address PO BOX 468

City HANOVER State MD Zip Code 21076-0468

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) **RUNOFF**

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2022

FEC Identification Number
C

Amount of Each Disbursement this Period
2100.00

Transaction ID : B2B0B609D3023437DB7D

Memo Item

Full Name (Last, First, Middle Initial)
B. FALKENRATH, RICHARD, , ,

Mailing Address 44 ANDREWS DR

City DARIEN State CT Zip Code 06820-6003

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) **RUNOFF**

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2022

FEC Identification Number
C

Amount of Each Disbursement this Period
2900.00

Transaction ID : BD01F15D196A84A1EA25

Memo Item

Full Name (Last, First, Middle Initial)
C. NICHOLS, W., GAIRY, MR., III

Mailing Address 128 ATLANTIC AVE

City MURRELLS INLET State SC Zip Code 29576-8008

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) **RUNOFF**

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2022

FEC Identification Number
C

Amount of Each Disbursement this Period
2100.00

Transaction ID : BFA09D8641D254881846

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 7100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDERSON, JAMES, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2512 W EDGEFIELD RD			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-1919	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B8C08D555A0C8454A936		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. ANDERSON, JAMES, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2512 W EDGEFIELD RD			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-1919	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B4414AC4AD3384C40A20		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SANDERS, M., JACK, MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 201 EAGLE BEND DR			FEC Identification Number C		
City WAXHAW	State NC	Zip Code 28173-6772	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B4B1721EDDEA94B38AEB		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SANDERS, M., JACK, MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 201 EAGLE BEND DR					
City WAXHAW	State NC	Zip Code 28173-6772	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2900.00		
Candidate Name		Transaction ID : B4B815C08037044F8825			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. BRITAIN, THOMAS, C, MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 4614 OLEANDER DR					
City MYRTLE BEACH	State SC	Zip Code 29577-5736	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 1100.00		
Candidate Name		Transaction ID : BD7827188A15B4C6898F			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:	RUNOFF			

Full Name (Last, First, Middle Initial) C. WALTON, CHRISTY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 1860					
City BENTONVILLE	State AR	Zip Code 72712-1860	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2900.00		
Candidate Name		Transaction ID : B619C1CBC01A24405A65			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:	RUNOFF			

SUBTOTAL of Disbursements This Page (optional).....	6900.00
TOTAL This Period (last page this line number only).....	6900.00

**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 40 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUCKER, PAUL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BD62202EAF0044A81905		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. TUCKER, PAUL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B00A4967366BB4C9AA45		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BRITAIN, MATTHEW, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 3802 N OCEAN BLVD			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-2760			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B215969F5C1F247FA837		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRITTAIN, MATTHEW, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 3802 N OCEAN BLVD					
City MYRTLE BEACH	State SC	Zip Code 29577-2760	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name		Category/Type	Transaction ID : BD3181602130B49759C4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. BRITTAIN, CLAY, , MR., III			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 5614 PINCKNEY AVE					
City MYRTLE BEACH	State SC	Zip Code 29577-2226	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name		Category/Type	Transaction ID : BDA2464EE031A433DB63		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. NEMEC, KERSTIN, , MS.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2304 WINDSOR FOREST DR					
City FLORENCE	State SC	Zip Code 29501-2092	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name		Category/Type	Transaction ID : B13D3EBA56A4F482ABCF		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NEMEC, KERSTIN, , MS.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 2304 WINDSOR FOREST DR											
City FLORENCE	State SC	Zip Code 29501-2092	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2100.00								
Candidate Name			Transaction ID : B0731A488AC134272AA9								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) B. CODINA, ARMANDO, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 2020 SALZEDO ST FL 5											
City CORAL GABLES	State FL	Zip Code 33134-4358	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00								
Candidate Name			Transaction ID : B4369A6D866904E51A67								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) C. BRODIE, FURMAN, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 1214 DUNVEGAN RD											
City FLORENCE	State SC	Zip Code 29501-5628	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2500.00								
Candidate Name			Transaction ID : B16A3F16B3C0F4B489A1								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

**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 43 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRODIE, FURMAN, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1214 DUNVEGAN RD			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5628			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BDB985A51102342E0B2F		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. SHORE, SARAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 4 NELSON CT			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29572-4408			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BCDD97D42FD69481BA55		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. SPENCER, RICHARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 5286 E HOME AVE			FEC Identification Number C		
City FRESNO	State CA	Zip Code 93727-2103			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B1246655FDC734AF9B7C		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LEWIS, LOUISE, K., MS.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1023 WATERWAY LN					
City MYRTLE BEACH	State SC	Zip Code 29572-5736	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name		Category/Type	Transaction ID : B3646FB97F3394CD0832		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. VEREEN, DAVID, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 203 WATIES DR					
City MURRELLS INLET	State SC	Zip Code 29576-7074	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 250.00		
Candidate Name		Category/Type	Transaction ID : BADE0E85015F24503A87		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. TUCKER, MARK, H., ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7					
City PAGELAND	State SC	Zip Code 29728-0007	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name		Category/Type	Transaction ID : B8B384AE15B164CCA821		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUCKER, MARK, H., ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7					
City PAGELAND	State SC	Zip Code 29728-0007	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B75A67EF0F92B4FD6900		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. NORWOOD, TIMOTHY, F., ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 501 CAMELLIA CIR					
City FLORENCE	State SC	Zip Code 29501-5771	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B02BB3E12CEAE4395B4A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. NORWOOD, TIMOTHY, F., ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 501 CAMELLIA CIR					
City FLORENCE	State SC	Zip Code 29501-5771	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : BD3BF3273753944AAAC7		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OBERNDORF, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 615 FRONT ST					
City SAN FRANCISCO	State CA	Zip Code 94111-1913	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B8EA3CDF2D006403382E		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. POSTON, HENRY, DAVID, MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 519 RIDGEWOOD DR					
City FLORENCE	State SC	Zip Code 29501-5519	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2500.00		
Candidate Name			Transaction ID : B5E6F6179286F4BA988F		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. CONNOLLY, TIMOTHY, J., ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 302 WRIGHT WAY					
City ROME	State GA	Zip Code 30165-1507	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2100.00		
Candidate Name			Transaction ID : B22B049915B0548F5864		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PFAUTCH, ROY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 52 PORTLAND PL			FEC Identification Number C		
City SAINT LOUIS	State MO	Zip Code 63108-1242			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B6265A4419C2247209B3		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. BROWN, JAMES, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 861 SANTEE DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5713			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BFBA822F535514C4CBC3		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. ULM, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 389 EAGLE DR			FEC Identification Number C		
City JUPITER	State FL	Zip Code 33477-4065			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B20161710E0634D94803		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUCKER, CARL, M, MR., III			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B4E00C98E00E9427DB1D		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. TUCKER, CARL, M, MR., III			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B052200BFC76A486983B		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. LOEB, DANIEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 55 HUDSON YARDS FL 51			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10001-2163			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BE7B5A624CBE447D5B01		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOGSETTE, ASHLEY, BROWN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1317 WISTERIA DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5644			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B342B673650B748DC86C		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) B. HOGSETTE, ASHLEY, BROWN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1317 WISTERIA DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5644			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B81E1565CD62545539F1		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State:	District:				

Full Name (Last, First, Middle Initial) C. BROWN, CANDACE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 861 SANTEE DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5713			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BA945074CC3DC4B0B82D		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BROWN, CANDACE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 861 SANTEE DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-5713			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BA94A6D42B0D34211B07		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. JOHNSON, ARNOLD, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 5730 HIGHWAY 701 S			FEC Identification Number C		
City CONWAY	State SC	Zip Code 29527-7804			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BE4CF58EF5E70453B80C		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. MCINERNEY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2 MANITOU CT			FEC Identification Number C		
City WESTPORT	State CT	Zip Code 06880-6006			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B64FBA6B97CEB4150A0A		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KIES, KENNETH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 6109 FRANKLIN PARK RD					
City MC LEAN	State VA	Zip Code 22101-4214	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 1500.00		
Candidate Name			Transaction ID : B180F343827F14079825		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. KIES, KENNETH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 6109 FRANKLIN PARK RD					
City MC LEAN	State VA	Zip Code 22101-4214	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2400.00		
Candidate Name			Transaction ID : B40AC9D039FB8464FBED		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. ISAAC, DANIEL, H, MR., JR.			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1536 AMERICAN WAY					
City MYRTLE BEACH	State SC	Zip Code 29577-1864	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B4A7276AC02534078932		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RICHARDSON, FRED, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1375 HUGGINS SHORTCUT RD		FEC Identification Number C
City GALIVANTS FERRY	State SC	Zip Code 29544-7805
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 600.00
Candidate Name		Transaction ID : B38FC852A6E3F458DBAA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GRANIERI, ROB, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1 UNION SQ S APT 23A		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10003-4194
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2900.00
Candidate Name		Transaction ID : BB336C07B1DC747CA943
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MCKELVEY, KENNETH, L., MR.,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 501 15TH AVE S		FEC Identification Number C
City NORTH MYRTLE BEACH	State SC	Zip Code 29582-3913
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2900.00
Candidate Name		Transaction ID : B57CF5B89BEEC45AA8C8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELLEY, JOHNNY, M, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 7150 HIGHWAY 917											
City NICHOLS	State SC	Zip Code 29581-3411	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 1300.00								
Candidate Name			Transaction ID : B9B800553E0224F7DAD7								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) B. BOONE, DAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 4123 SPRING IS											
City OKATIE	State SC	Zip Code 29909-4041	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00								
Candidate Name			Transaction ID : B9BD0EEFE55B1424C9D2								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

Full Name (Last, First, Middle Initial) C. FAISON, JAY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022								
Mailing Address 1355 GREENWOOD CLFS STE 301											
City CHARLOTTE	State NC	Zip Code 28204-2981	FEC Identification Number C								
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00								
Candidate Name			Transaction ID : B65D4B1B3CC994206989								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
<input type="checkbox"/>	House										
<input type="checkbox"/>	Senate										
<input type="checkbox"/>	President										
State: District:			<input type="checkbox"/> Memo Item								

SUBTOTAL of Disbursements This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 80	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KARSH, MARTHA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 320 N CAROLWOOD DR			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90077-3513		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B65E09AE05B9143B493B	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF			
State: District:				

Full Name (Last, First, Middle Initial) B. MUTCHNIK, NICOLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 26677 AGOURA RD			FEC Identification Number C	
City CALABASAS	State CA	Zip Code 91302-1959		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BBD53970B0C0C423AB67	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF			
State: District:				

Full Name (Last, First, Middle Initial) C. ULM, MARCIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 389 EAGLE DR			FEC Identification Number C	
City JUPITER	State FL	Zip Code 33477-4065		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BA074FEBCAF1A44C0B6D	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEEMAN, RAY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 870 ALVERMAR RIDGE DR			FEC Identification Number C		
City MC LEAN	State VA	Zip Code 22102-1435			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B4319873D6370404290E		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) B. BRITAIN, MARIE-CLAIRE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 3802 N OCEAN BLVD			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-2760			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : BEFE643D317D44DC68A1		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) C. BRITAIN, MARIE-CLAIRE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 3802 N OCEAN BLVD			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-2760			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B7E6E6E099D6C40A883E		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF	Memo Item <input type="checkbox"/>		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JORDAN, AMY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1523 BROOKGREEN DR			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-5872			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B468F66A2C6414C65892		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. HARMON, GERALD, , DR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 117 SHEARWATER CT			FEC Identification Number C		
City GEORGETOWN	State SC	Zip Code 29440-7072			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B00A853EA2B364814899		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. TUCKER, DAVID, B, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B7B8B9009A2694FFC98B		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 80	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUCKER, DAVID, B, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address PO BOX 7			FEC Identification Number C	
City PAGELAND	State SC	Zip Code 29728-0007	Amount of Each Disbursement this Period 2900.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B87158344689847998E7	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State: District:				

Full Name (Last, First, Middle Initial) B. BRITAIN, EMMA RUTH, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 5614 PINCKNEY AVE			FEC Identification Number C	
City MYRTLE BEACH	State SC	Zip Code 29577-2226	Amount of Each Disbursement this Period 2900.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BEF0D5A43FC14436BAD7	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State: District:				

Full Name (Last, First, Middle Initial) C. AVANESSIANS, ARMEN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 551 W 21ST ST PH B			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10011-2994	Amount of Each Disbursement this Period 2900.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BE77552D25DE948A5811	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SPARKS, SUSAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1570 BROOKGREEN DR			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29577-5870			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BD913AA6486704D2EACD		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. BRODIE, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1948 OSPREY DR			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29501-8133			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B41F72310F31142DDACA		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. BRIDGES, SAUNDERS, , , JR.			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 1931			FEC Identification Number C		
City FLORENCE	State SC	Zip Code 29503-1931			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BB53313C251394735969		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONNOLLY, CAROL, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 302 WRIGHT WAY					
City ROME	State GA	Zip Code 30165-1507	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2100.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : BB696A87F98F6401FA2F		
State: _____ District: _____			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CORTEZI, NICHOLAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1102 WATERWAY LN					
City DELRAY BEACH	State FL	Zip Code 33483-7156	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : BD115F96E04204878827		
State: _____ District: _____			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. MOORE, JESSE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 5835 FRANCIS MARION RD					
City EFFINGHAM	State SC	Zip Code 29541-7841	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : B5CC2673D5D894530B3D		
State: _____ District: _____			<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	7900.00

**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 60 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NORWOOD, ANNE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 501 CAMELLIA CIR					
City FLORENCE	State SC	Zip Code 29501-5771	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B2C4FC22E6ED74F958CA		
State: District:			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. NORWOOD, ANNE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 501 CAMELLIA CIR					
City FLORENCE	State SC	Zip Code 29501-5771	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : B109FF7A787DA442AB24		
State: District:			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. APPLE, JAMES, W., , JR.			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 6 GUERARD RD					
City CHARLESTON	State SC	Zip Code 29407-7511	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		Transaction ID : B2C016EC961BD461BBE3		
State: District:			<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	8700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUCKER, ANDREW, MILLON, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BF16FC8895DDB41B28A0		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) B. TUCKER, ANDREW, MILLON, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 7			FEC Identification Number C		
City PAGELAND	State SC	Zip Code 29728-0007			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B48F586B47F2F4D1CADE		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State:	District:				

Full Name (Last, First, Middle Initial) C. SWAIM, J. RODDY, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 460 RUM GULLY RD			FEC Identification Number C		
City MURRELLS INLET	State SC	Zip Code 29576-7725			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BF5B460C134F64917BDD		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHISHOLM, J. FRANK, , MR., III			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 4506 LANGSTON RD			FEC Identification Number C		
City TIMMONSVILLE	State SC	Zip Code 29161-8596			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B3A3827CBC2C24248986		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. HEARN, GEORGE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1411 1ST AVE			FEC Identification Number C		
City CONWAY	State SC	Zip Code 29526-5219			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BA89D5D4AE9EC41A2BF7		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. KARSH, BRUCE, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 320 N CAROLWOOD DR			FEC Identification Number C		
City LOS ANGELES	State CA	Zip Code 90077-3513			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B078F5A8F54C14609A46		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SMIDT, SUSAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 26709 AGOURA RD			FEC Identification Number C		
City CALABASAS	State CA	Zip Code 91302-1960			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : BE733766BC3B846088E5		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. MUTCHNIK, ALLAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 26677 AGOURA RD			FEC Identification Number C		
City CALABASAS	State CA	Zip Code 91302-1959			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B50806F33B0864056B2B		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. HINDS, REBECCA, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 144 CABANA RD			FEC Identification Number C		
City MYRTLE BEACH	State SC	Zip Code 29572-5604			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B485ACBA9D3D54043859		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	8700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAMBERS, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 3230 ALEXIS DR					
City PALO ALTO	State CA	Zip Code 94304-1331	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2900.00		
Candidate Name			Transaction ID : B7543339ACE6F4900B3F		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. VALLARINO, MANUEL, R, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 320 N AZALEA DR					
City SURFSIDE BEACH	State SC	Zip Code 29575-5024	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00		
Candidate Name			Transaction ID : B703548021FBD4201B74		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. SHELLEY, ED, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 1024					
City MURRELLS INLET	State SC	Zip Code 29576-1024	FEC Identification Number C		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2100.00		
Candidate Name			Transaction ID : BF136FD0D2FAE4A71831		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SMIDT, ERIC, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 26709 AGOURA RD			FEC Identification Number C		
City CALABASAS	State CA	Zip Code 91302-1960	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B077C5467AC3648CB887		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B. MORAN, THOMAS, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2075 TURN BERRY LN			FEC Identification Number C		
City MURRELLS INLET	State SC	Zip Code 29576-6807	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B039EEDF6BE2147AE869		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. SHELLEY FARMS			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 1024			FEC Identification Number C		
City MURRELLS INLET	State SC	Zip Code 29576-1024	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type	Transaction ID : B57B90EB8900E4C5AB67		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELLEY FARMS			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address PO BOX 1024			FEC Identification Number C		
City MURRELLS INLET	State SC	Zip Code 29576-1024	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/Type	Transaction ID : B547DB043DE234F18A84		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MULLIKIN LAW FIRM LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1308 BROAD ST			FEC Identification Number C		
City CAMDEN	State SC	Zip Code 29020-3506	Amount of Each Disbursement this Period 2100.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/Type	Transaction ID : B9DBD78C853024EECAC1		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) C. WILEY REIN LLP			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 1776 K ST NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20006-2304	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/Type	Transaction ID : BDC6B216E88104D98B69		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ONEIDA INDIAN NATION			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022		
Mailing Address 2037 DREAM CATCHER PLZ			FEC Identification Number C		
City ONEIDA	State NY	Zip Code 13421-2729			
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B7CBE749C91094C97B25		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code			
Purpose of Disbursement			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code			
Purpose of Disbursement			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	267400.00

**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 68 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NUCOR PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1915 REXFORD ROAD		FEC Identification Number C C00379628
City CHARLOTTE	State NC	Zip Code 28211-3465
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name NUCOR PAC		Transaction ID : B769977F135514FEF80C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address PO BOX 80505		FEC Identification Number C C00480228
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name CONTINUING AMERICA'S STRENGTH AND SECURITY PAC		Transaction ID : BB4DCD55B19094C0699F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ORAL AND MAXILLOFACIAL SURGERY PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 9700 W. BRYN MAWR AVE		FEC Identification Number C C00005660
City ROSEMONT	State IL	Zip Code 60018-5701
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name ORAL AND MAXILLOFACIAL SURGERY PAC		Transaction ID : BF551631971284441980
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN DENTAL PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1111 14TH ST., NW		FEC Identification Number C C0000729
City WASHINGTON	State DC	Zip Code 20005-5603
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name AMERICAN DENTAL PAC		Transaction ID : BBF79F755B0574DC3BA1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AFLAC PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1932 WYNNTON RD.		FEC Identification Number C C00034157
City COLUMBUS	State GA	Zip Code 31909
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name AFLAC PAC		Transaction ID : BFD80ECECF47344909A5C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. THE PROCTER & GAMBLE COMPANY GOOD GOVERNMENT FUND		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address ONE PROCTER & GAMBLE PLAZA		FEC Identification Number C C00257329
City CINCINNATI	State OH	Zip Code 45202
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name THE PROCTER & GAMBLE COMPANY GOOD GOVERNMENT FUND		Transaction ID : B3AF40811B66B433CA5E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AICPA PAC		Date of Disbursement
Mailing Address 220 LEIGH FARM RD.		M M / D D / Y Y Y Y 08 / 12 / 2022
City DURHAM	State NC	Zip Code 27707-8110
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00077321
Candidate Name AICPA PAC		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9B1CB508723040E38AF
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF ENROLLED AGENTS POLITICAL ACTION COMMITTEE		Date of Disbursement
Mailing Address 1730 RHODE ISLAND AVENUE, NW SUITE 400		M M / D D / Y Y Y Y 08 / 12 / 2022
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00415372
Candidate Name NATIONAL ASSOCIATION OF ENROLLED AGENTS POLITICAL ACTION COMMITTEE		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B1956F481CEC647738E8
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRELINGHUYSEN FOR CONGRESS		Date of Disbursement
Mailing Address 60 WASHINGTON ST STE 100		M M / D D / Y Y Y Y 08 / 12 / 2022
City MORRISTOWN	State NJ	Zip Code 07960
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00299404
Candidate Name FRELINGHUYSEN FOR CONGRESS		Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAAA3B2FB570D4414AD7
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. NATIONAL ROOFING CONTRACTORS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 324 FOURTH STREET NE City WASHINGTON State DC Zip Code 20002-5824 Purpose of Disbursement REFUND: CONTRIBUTION REFUND Candidate Name NATIONAL ROOFING CONTRACTORS POLITICAL ACTION COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) RUNOFF State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022 FEC Identification Number C C00107029 Amount of Each Disbursement this Period 5000.00 Transaction ID : BDC19E902B86D430EB8C <input type="checkbox"/> Memo Item
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B. THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address ONE WILLIAMS CENTER 47TH FLOOR City TULSA State OK Zip Code 74172-0140 Purpose of Disbursement REFUND: CONTRIBUTION REFUND Candidate Name THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022 FEC Identification Number C C00040394 Amount of Each Disbursement this Period 5000.00 Transaction ID : BC5B86FDD16AA40D88DD <input type="checkbox"/> Memo Item
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C. TALLON FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 2734 CYPRESS BEND RD. City FLORENCE State SC Zip Code 29506-8352 Purpose of Disbursement REFUND: CONTRIBUTION REFUND Candidate Name TALLON FOR CONGRESS COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022 FEC Identification Number C C00153684 Amount of Each Disbursement this Period 500.00 Transaction ID : B662461199A134710A92 <input type="checkbox"/> Memo Item
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SUBTOTAL of Disbursements This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	10500.00

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 72 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4301 WILSON BLVD.

City ARLINGTON State VA Zip Code 22203-1867

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) RUNOFF

State: District:

Date of Disbursement: 08 / 12 / 2022

FEC Identification Number: C C00002972

Amount of Each Disbursement this Period: 5000.00

Transaction ID : B133CC48BD5564EB4BF0

Memo Item

B. POLITICAL ACTION COMMITTEE OF THE AOS

Full Name (Last, First, Middle Initial)
Mailing Address 317 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-5769

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name POLITICAL ACTION COMMITTEE OF THE AOS

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 12 / 2022

FEC Identification Number: C C00343137

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B47C6075EEA5543918B3

Memo Item

C. GINGER PAC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 68554

City GRAND RAPIDS State MI Zip Code 49516

Purpose of Disbursement REFUND: CONTRIBUTION REFUND

Candidate Name GINGER PAC

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) RUNOFF

State: District:

Date of Disbursement: 08 / 12 / 2022

FEC Identification Number: C C00773853

Amount of Each Disbursement this Period: 2900.00

Transaction ID : B0B9D67D33FD24CD18CC

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 9900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE BOEING COMPANY PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1200 WILSON BLVD		FEC Identification Number C C00142711
City ARLINGTON	State VA	Zip Code 22209-2305
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name THE BOEING COMPANY PAC		Transaction ID : B26712F8BA86F44C799B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. OTIS WORLDWIDE CORPORATION POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address ONE CARRIER PLACE		FEC Identification Number C C00742239
City FARMINGTON	State CT	Zip Code 06023
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name OTIS WORLDWIDE CORPORATION POLITICAL ACTION COMMITTEE		Transaction ID : B505DED582F9B48A0B38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FLORIDA SUGAR CANE LEAGUE PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1301 PENNSYLVANIA AVE NW STE 401		FEC Identification Number C C00012328
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name FLORIDA SUGAR CANE LEAGUE PAC		Transaction ID : B14CA0D6D30E54782B72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN CRYSTAL SUGAR POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 101 NORTH THIRD STREET		FEC Identification Number C C00110338
City MOORHEAD	State MN	Zip Code 56560-1952
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name AMERICAN CRYSTAL SUGAR POLITICAL ACTION COMMITTEE		Transaction ID : BF6C6357D62684352B8C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 9900 BREN ROAD EAST		FEC Identification Number C C00274431
City MINNETONKA	State MN	Zip Code 55343
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3000.00
Candidate Name UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)		Transaction ID : B3D3A78D84CC9412781A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PROSPERITY ACTION INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 320 FIRST ST. SE		FEC Identification Number C C00377689
City WASHINGTON	State DC	Zip Code 20003-1838
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name PROSPERITY ACTION INC.		Transaction ID : BBF4481E981B74DE5915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL COMMITTEE FOR THE ADVANCEMENT OF COTTON		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address PO BOX 2995		FEC Identification Number C C00023028
City CORDOVA	State TN	Zip Code 38088-2995
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name NATIONAL COMMITTEE FOR THE ADVANCEMENT OF COTTON		Transaction ID : BC0CD568C0E3F46C0853
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1951 SOUTH SATURN WAY SUITE 100		FEC Identification Number C C00326389
City BOISE	State ID	Zip Code 83709
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE		Transaction ID : BEB7C78190A224A57874
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1875 I STREET, NW SUITE 600		FEC Identification Number C C00303339
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE		Transaction ID : BE169A43ACD0D4FA784D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 610 S. BOULEVARD			
City TAMPA	State FL	Zip Code 33606-2647	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00433060	
Candidate Name REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP POLITICAL ACTION COMMITTEE		Amount of Each Disbursement this Period 3000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF		
State: _____ District: _____	Transaction ID : B2641B40D15294446964 <input type="checkbox"/> Memo Item		

B. Full Name (Last, First, Middle Initial) ERNST & YOUNG PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 1101 NEW YOUR AVENUE, NW			
City WASHINGTON	State DC	Zip Code 20005-4269	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00227744	
Candidate Name ERNST & YOUNG PAC		Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : B5F0E563878B34444946 <input type="checkbox"/> Memo Item		

C. Full Name (Last, First, Middle Initial) AMERICAN BANKERS ASSOCIATION PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 1120 CONNECTICUT AVE NW			
City WASHINGTON	State DC	Zip Code 20036-3902	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		FEC Identification Number C C00004275	
Candidate Name AMERICAN BANKERS ASSOCIATION PAC		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : B23D37B0D730A41A3858 <input type="checkbox"/> Memo Item		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. SMALLBIZPROS INC-PADGETT BUSINESS SERVICES PAC (OR) SBP INC-PADGETT BUSINESS SERVICES PAC Full Name (Last, First, Middle Initial) Mailing Address 160 HAWTHORNE PARK		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
City ATHENS State GA Zip Code 30606	Purpose of Disbursement REFUND: CONTRIBUTION REFUND	FEC Identification Number C C00460618
Candidate Name SMALLBIZPROS INC-PADGETT BUSINESS SERVICES PAC (OR) SBP INC-PADGETT BUSINESS SERVICES PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00 Transaction ID : B10AE1A7AD7C843678C3 <input type="checkbox"/> Memo Item
State: District:	Category/Type	

B. BLUE CROSS BLUE SHIELD OF SC PAC Full Name (Last, First, Middle Initial) Mailing Address I-20 AT ALPINE RD.		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
City COLUMBIA State SC Zip Code 29219-0001	Purpose of Disbursement REFUND: CONTRIBUTION REFUND	FEC Identification Number C C00406850
Candidate Name BLUE CROSS BLUE SHIELD OF SC PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2900.00 Transaction ID : BB3AF9F05F9854515965 <input type="checkbox"/> Memo Item
State: District:	Category/Type	

C. SOUTHEAST COTTON COMMITTEE- SECC Full Name (Last, First, Middle Initial) Mailing Address 139 PROMINENCE COURT SUITE 110		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
City DAWSONVILLE State GA Zip Code 30534-8940	Purpose of Disbursement REFUND: CONTRIBUTION REFUND	FEC Identification Number C C00300426
Candidate Name SOUTHEAST COTTON COMMITTEE- SECC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	Amount of Each Disbursement this Period 500.00 Transaction ID : BAF7FBA645CD148C08FA <input type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
TOTAL This Period (last page this line number only).....▶	(Empty field)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. TRAVEL ASSOCIATION PAC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 1100 NEW YORK AVENUE SUITE 450W			FEC Identification Number C C00457754	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B32B722521ACE4AB280D	
Candidate Name U.S. TRAVEL ASSOCIATION PAC			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. DUKE ENERGY CORPORATION PAC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 550 S. TRYON STREET			FEC Identification Number C C00083535	
City CHARLOTTE	State NC	Zip Code 28202-4200	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B2AF64EDFC5B54A86B57	
Candidate Name DUKE ENERGY CORPORATION PAC			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PRICEWATERHOUSECOOPERS PAC			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022	
Mailing Address 1301 K ST NW SUITE 800 WEST			FEC Identification Number C C00107235	
City WASHINGTON	State DC	Zip Code 20005-3317	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND			Transaction ID : B9D8D4BD7AA4B4829AE9	
Candidate Name PRICEWATERHOUSECOOPERS PAC			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FUTURE FIRST LEADERSHIP PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address PO BOX 2385		FEC Identification Number C 00522425
City OTTAWA	State IL	Zip Code 61350
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name FUTURE FIRST LEADERSHIP PAC		Transaction ID : B7F27A52EBBDC48E281C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. LIBERTY FUND; THE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address PO BOX 1992		FEC Identification Number C 00521310
City VANCOUVER	State WA	Zip Code 98668
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2900.00
Candidate Name LIBERTY FUND; THE		Transaction ID : B90F91922BF64471BA30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GINGER PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address P.O. BOX 68554		FEC Identification Number C 00773853
City GRAND RAPIDS	State MI	Zip Code 49516
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2100.00
Candidate Name GINGER PAC		Transaction ID : B21EE2F3081EB4CF3A05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNAKA COMPANY PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2022
Mailing Address 1500 INDUSTRIAL RD.		FEC Identification Number C C00371229
City GREENEVILLE	State TN	Zip Code 37745-3541
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name UNAKA COMPANY PAC		Transaction ID : BB2FD80C548B244FDAC2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	111100.00