

# 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)

1113 48th Ave., N.

Suite 117

Check if different than previously reported. (ACC)

MYRTLE BEACH

SC

29577

2. **FEC IDENTIFICATION NUMBER**

C C00506048

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

07

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2012

through

M M /

D D /

Y Y Y Y 2012

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 Collins Wakefield

Signature of Treasurer Collins Wakefield

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TOM RICE FOR CONGRESS**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 154815.77               | 361515.77                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 1500.00                 | 1500.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 153315.77               | 360015.77                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 85572.09                | 114835.31                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 920.51                  | 920.51                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 84651.58                | 113914.80                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 292620.97               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 50000.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TOM RICE FOR CONGRESS**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 145826.89                             | 341476.89                                  |
| (ii) Unitemized.....   | 8488.88                               | 12038.88                                   |
| (iii) TOTAL of contributions from individuals ▶  | 154315.77                             | 353515.77                                  |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 500.00                                | 8000.00                                    |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 154815.77                             | 361515.77                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 50000.00                              | 50000.00                                   |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 50000.00                              | 50000.00                                   |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 920.51                                | 920.51                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 205736.28                             | 412436.28                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 85572.09                      | 114835.31                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 1500.00                       | 1500.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1500.00                       | 1500.00                            |
| 21. OTHER DISBURSEMENTS .....  | 3480.00                       | 3480.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 90552.09                      | 119815.31                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 177436.78 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 205736.28 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 383173.06 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 90552.09  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 292620.97 |

**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 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William H. Alford**

Mailing Address 411 Patterson Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer A&I Occupation Water/Fire Restoration

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5109**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven E. Alger**

Mailing Address 1344 Royal Devon Drive

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer The Jackson Companies Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11AI.5110**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Melissa Allen**

Mailing Address 1095 Sioux Swamp Dr.

City Conway State SC Zip Code 29527

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

Name of Employer Burroughs & Chapin Occupation Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5112**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 6 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mrs. Denise M. Apple</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |   |
| Mailing Address 9406 Lake Drive   |                                   | <b>Transaction ID : SA11AI.5116</b>                      |   |
| City<br>Myrtle Beach  | State<br>SC                       | Zip Code<br>29572  | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker           |  |   |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |  |   |

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Durwood J. Barton</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012 |   |
| Mailing Address 4416 St. Andrews Ct.  |                                   | <b>Transaction ID : SA11AI.5120</b>                      |   |
| City<br>Murrells Inlet  | State<br>SC                       | Zip Code<br>29576  | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>A Services Group  | Occupation<br>Security            |  |   |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |   |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Patricia D. Bates</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 23 / 2012 |  |
| Mailing Address 517 Old Field Road  |                                  | <b>Transaction ID : SA11AI.5121</b>                      |  |
| City<br>Murrells Inlet  | State<br>SC                      | Zip Code<br>29576  | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                  |  |  |
| Name of Employer<br>Retired   | Occupation<br>Retired            |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael W. Battle**

Mailing Address 1200 Main Street

City State Zip Code  
Conway SC 29528

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

Name of Employer Occupation  
Battle & Vaught, PA Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : SA11AI.5123**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert S. Bell**

Mailing Address 9002 Kings Rd.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Bell Apartments Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : SA11AI.5127**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Frederick W. Bellamy MD**

Mailing Address 6215 N. Ocean Blvd.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Self Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.5129**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Bellamy**

Mailing Address 403 40th Ave. N.

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Bellamy Insurance Agency Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : SA11AI.5131**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. R. Paul Benik**

Mailing Address 628 Chestnut Rd.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Scottish Ins. Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.5133**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. E. Lawton Benton**

Mailing Address 5707 Canterbury Ln.

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
CL Benton & Sons Contactor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.5135**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James C. Benton**

Mailing Address 402 Fairway Rd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer C.L. Benton & Sons Occupation Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2012

**Transaction ID : SA11AI.5136**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Laurence S. Bolchoz Jr.**

Mailing Address 1035 Gullane Ct.

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer First Federal Bank Occupation SVP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.5142**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. W. Scott Brandon**

Mailing Address 3023 Church Street

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer The Brandon Agency Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.5148**

Amount of Each Receipt this Period  
1250.00

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

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

2500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Harold D. Branton**

Mailing Address Post Office Box 1175

City Myrtle Beach State SC Zip Code 29578

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

Name of Employer Branton Law Firm Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5149**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Ann T. Brittain**

Mailing Address 4703 North Ocean Boulevard

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Employed Occupation Hotel Operator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11AI.4860**

Amount of Each Receipt this Period  
**1500.00**

In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Clay D. Brittain III**

Mailing Address 5614 Pinckney Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Thompson, Henry, & Gwinn Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 17 / 2012**

**Transaction ID : SA11AI.5152**

Amount of Each Receipt this Period  
**500.00**

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

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

**3500.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 11 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Clay D. Brittain Jr.**

Mailing Address 5609 Pinckney Avenue

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5153**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clay D. Brittain III**

Mailing Address 5614 Pinckney Avenue

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|   |                        |
|---|------------------------|
| Name of Employer<br>Thompson, Henry, & Gwinn Law Firm | Occupation<br>Attorney |
|---|------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5154**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Emma Ruth Brittain**

Mailing Address 5614 Pinckney Avenue

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|   |                        |
|---|------------------------|
| Name of Employer<br>Thompson, Henry, & Gwinn Law Firm | Occupation<br>Attorney |
|---|------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2012

**Transaction ID : SA11AI.5247**

Amount of Each Receipt this Period  
500.00

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

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

2750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Emma Ruth Brittain**

Mailing Address 5614 Pinckney Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Thompson, Henry, & Gwinn Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5155**

Amount of Each Receipt this Period  
 1250.00

2250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Matthew Brittain**

Mailing Address 5633 Woodside Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer M.B. National Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2012

**Transaction ID : SA11AI.5157**

Amount of Each Receipt this Period  
 1000.00

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Matthew Brittain**

Mailing Address 5633 Woodside Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer M.B. National Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period  
 500.00

In-kind - Event Catering

2500.00

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

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

2750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 13 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Tami Brooks**

Mailing Address 8807 N. Ocean Blvd

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5159**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William M. Bruner**

Mailing Address 600 16th Ave. N. #2

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.5161**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4714 Oleander Dr., Ste. B

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 09 / 2012

**Transaction ID : SA11AI.4835**

Amount of Each Receipt this Period  
 500.00

No Partners Require Itemization

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

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

3250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard N. Burch**

Mailing Address 961 Old Bridge Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer South Atlantic Bank Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5167**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Eleanor Burns**

Mailing Address 1213 Barnwell Bluff

City Beaufort State SC Zip Code 29902

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.5169**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Carol B. Burroughs**

Mailing Address 8215 Timber Ridge Rd

City Conway State SC Zip Code 29526

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

Name of Employer BB&T Occupation Account Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 20 / 2012

**Transaction ID : SA11AI.4883**

Amount of Each Receipt this Period  
 1600.00  
 In-kind - Event Catering

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

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

2600.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Carolyn H. Calhoun**

Mailing Address 48 Basilica Ave. N.

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Hanahan | State<br>SC | Zip Code<br>49410 |
|-----------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : SA11AI.5171**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Paula W. Calhoun**

Mailing Address 4900 Eastport Boulevard

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Little River | State<br>SC | Zip Code<br>29566 |
|----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.5172**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J Robert Calliham**

Mailing Address 407 37th Ave N

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|   |                          |
|---|--------------------------|
| Name of Employer<br>Smith Sapp & Calliham | Occupation<br>Accountant |
|---|--------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.5174**

Amount of Each Receipt this Period  
1000.00

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

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

3700.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Carolina Holdings Group LP**

Mailing Address 1331 44th Ave., N Ste. 102

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.4855**

Amount of Each Receipt this Period  
 1000.00

See Partner Memo

**B.** Full Name (Last, First, Middle Initial)  
**Gary Wadsten**

Mailing Address 1331 44th Ave., N Ste. 102

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Occupation  
 Carolina Holdings Group LP Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2012

**Transaction ID : SA11AI.4855.0**

Amount of Each Receipt this Period  
 1000.00

Partnership Memo

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steve Carter**

Mailing Address 2125 N. Berwick Dr.

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer Occupation  
 PNC Bank Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI.5176**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 17 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steve Carter**

Mailing Address 2125 N. Berwick Dr.

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29575    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| PNC Bank         | Banker     |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5177**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steve Carter**

Mailing Address 2125 N. Berwick Dr.

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29575    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| PNC Bank         | Banker     |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5178**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Castles Jr.**

Mailing Address 7539 Veneto Ct.

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29572    |

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

|                      |                |
|----------------------|----------------|
| Name of Employer     | Occupation     |
| Castles & Associates | Civil Engineer |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : SA11AI.5179**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 18 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Elting L. Chapman III**

Mailing Address P.O. Box 2384

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Chapman Construction Occupation General Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2012

**Transaction ID : SA11AI.5181**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. John Charles**

Mailing Address 8 South Gate Rd

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Grand Strand Regional Medical Center Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11AI.5183**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Philip Clayton**

Mailing Address 6400 N. Kings Hwy.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Conway Medical Center Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.5185**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Philip Coggin**

Mailing Address 5008 Big Bear Court

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Coggin Security Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2012

**Transaction ID : SA11AI.5187**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 317 Doral Dr.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5188**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 317 Doral Dr.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5189**

Amount of Each Receipt this Period  
 1500.00

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

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

4500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 20 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Timothy J. Connolly</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2012 |  |
| Mailing Address 317 Doral Dr.   |                                   | <b>Transaction ID : SA11AI.5191</b>                      |  |
| City<br>Pawleys Island  | State<br>SC                       | Zip Code<br>29585  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1500.00            |  |
| Name of Employer<br>Connolly Coastal Capital  | Occupation<br>Investor            |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00 |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Timothy J. Connolly</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2012 |  |
| Mailing Address 317 Doral Dr.   |                                   | <b>Transaction ID : SA11AI.5192</b>                      |  |
| City<br>Pawleys Island  | State<br>SC                       | Zip Code<br>29585  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2500.00            |  |
| Name of Employer<br>Connolly Coastal Capital  | Occupation<br>Investor            |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>4000.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Carl Conrad</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |  |
| Mailing Address 410 Dunes Drive   |                                  | <b>Transaction ID : SA11AI.5193</b>                      |  |
| City<br>Myrtle Beach  | State<br>SC                      | Zip Code<br>29572  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>Hawkins, Conrad, & Co.  | Occupation<br>Accountant         |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4250.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 21 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jamie W. Constance**

Mailing Address 6466 Plantersville Rd.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Georgetown | State<br>SC | Zip Code<br>29440 |
|--------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 17 / 2012

**Transaction ID : SA11AI.5194**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Lloyd Coppedge**

Mailing Address 315 Oceanview Dr.

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29572 |
|----------------------|-------------|-------------------|

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

|                                     |                   |
|-------------------------------------|-------------------|
| Name of Employer<br>Wolverine Brass | Occupation<br>CEO |
|-------------------------------------|-------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5198**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Laura Crowther**

Mailing Address 45 Gasparilla Cir.

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Murrells Inlet | State<br>SC | Zip Code<br>29576 |
|------------------------|-------------|-------------------|

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

|  |                   |
|--|-------------------|
| Name of Employer<br>Coastal Carolinas Association of Realt | Occupation<br>CEO |
|--|-------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI.5202**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 22 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. M. Elizabeth Crum**

Mailing Address 33 Heathwood Cir

City Columbia State SC Zip Code 29205

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

Name of Employer McNair Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5204**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Calhoun D. Cunningham**

Mailing Address 8701 N. Ocean Blvd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5206**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Harold G. Cushman III**

Mailing Address 9415 Park Street, Dunes Cove

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Dargan Construction Occupation General Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5207**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 23 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mrs. Mary Daly</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |  |
| Mailing Address 5021 Big Bear Ct.   |                                  | <b>Transaction ID : SA11AI.5209</b>                      |  |
| City<br>Myrtle Beach  | State<br>SC                      | Zip Code<br>29579  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00             |  |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker          |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. William Kristopher Davis</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |  |
| Mailing Address 469 St. Julian Ln.  |                                  | <b>Transaction ID : SA11AI.5211</b>                      |  |
| City<br>Myrtle Beach  | State<br>SC                      | Zip Code<br>29579  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>Bank of America   | Occupation<br>Mortgage Lending   |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Mark Dayvault</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |  |
| Mailing Address 2385 Island Way   |                                  | <b>Transaction ID : SA11AI.5213</b>                      |  |
| City<br>Little River  | State<br>SC                      | Zip Code<br>29566  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>Century 21 Thomas   | Occupation<br>Sales Mamger       |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1000.00 |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

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

Mailing Address 250 Ocean Lakes Loop

City State Zip Code  
Pawleys Island SC 29585

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

Name of Employer Occupation  
Coastal Carolina University President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012

**Transaction ID : SA11AI.5215**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Kenneth L. DeHart**

Mailing Address 4615 Oleander Dr.

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Carolina Health Specialists Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5217**

Amount of Each Receipt this Period  
2250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Stephanie DeHart**

Mailing Address 4615 Oleander Dr.

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5219**

Amount of Each Receipt this Period  
250.00

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

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

2750.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 25 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jay Dellinger**

Mailing Address 409 Patterson Drive

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Self Employed Restaurantier

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2012

**Transaction ID : SA11AI.5220**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William W. Deschamps Jr.**

Mailing Address 680 Fernwood Mt. Gilead

City State Zip Code  
Murrells Inlet SC 29576

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11AI.5222**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Peggy Jo Detwiler**

Mailing Address 9406 Cove Dr.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles B. Devereux**

Mailing Address 502 Patterson Dr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2012

**Transaction ID : SA11AI.5226**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. C Nicholas Diez**

Mailing Address 4221 Mayfair St. Ste 203

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5228**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen Dore**

Mailing Address 3637 W. Forest Lake Dr.

City Florence State SC Zip Code 29501

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.5232**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 27 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David D. Douglas**

Mailing Address P.O. Box 160

City Aynor State SC Zip Code 29511

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

Name of Employer Self Occupation Devloper

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5234**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John M. Draughn**

Mailing Address 10225 N. Kings Highway

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Coldwell Banker Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012

**Transaction ID : SA11AI.5235**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**DRM2 Holdings LLC**

Mailing Address 1601 N. Oak St., Ste. 405

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period  
 250.00

See Partner Memo

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

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

1500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 28 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

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

Mailing Address 1601 N. Oak St., Ste. 405

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.4851.0**

Amount of Each Receipt this Period  
250.00

Partnership Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. D. Tim Duncan**

Mailing Address 5712 Quail Hollow Lane

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Duncan & Farmer Occupation Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.5241**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Laura Durant**

Mailing Address 402 43rd Avenue North

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Webster Rogers Occupation Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.5242**

Amount of Each Receipt this Period  
1000.00

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

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

1250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 29 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Tracy G. Durant**

Mailing Address 1427 Jasmin Lane

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer BBT PS&H Occupation Insurance Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2012

**Transaction ID : SA11AI.4885**

Amount of Each Receipt this Period  
2250.00

In-kind - Event Catering

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank R. Ellerbe III**

Mailing Address 1901 Main Street Ste 1200

City Columbia State SC Zip Code 29201

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

Name of Employer Robinson, McFadden & Moore Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5245**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Daniel M. Ervin**

Mailing Address 617 Rosewood Dr.

City Florence State SC Zip Code 29501

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.5249**

Amount of Each Receipt this Period  
2000.00

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

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

4750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 30 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. Bratton Fennell**

Mailing Address Post Office Box 2095

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Burroughs & Chapin Occupation CFO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5252**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Forgason Jr.**

Mailing Address 2690 Duck Ct.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Forgason & Associates Occupation Financial Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5254**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Beverly Freeman**

Mailing Address 1425 DeBordieu Blvd.

City Georgetown State SC Zip Code 29440

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.5260**

Amount of Each Receipt this Period  
**250.00**

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

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

**2000.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Marion E. Freeman Jr.**

Mailing Address 518 Mt. Gilead Rd.

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Murrells Inlet | State<br>SC | Zip Code<br>29576 |
|------------------------|-------------|-------------------|

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

|  |                                 |
|--|---------------------------------|
| Name of Employer<br>Conway National Bank | Occupation<br>Commercial Banker |
|--|---------------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5261**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Walter A. Glenn**

Mailing Address 115 Sheffield Road

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Greer | State<br>SC | Zip Code<br>29651 |
|---------------|-------------|-------------------|

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

|   |                      |
|---|----------------------|
| Name of Employer<br>Walter & Associates | Occupation<br>Lawyer |
|---|----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Henrietta Golding**

Mailing Address 3801 Hasty Pointe

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|                                     |                        |
|-------------------------------------|------------------------|
| Name of Employer<br>McNair Law Firm | Occupation<br>Attorney |
|-------------------------------------|------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5267**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 32 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Carey E. Graham**

Mailing Address 6204 N. Ocean Blvd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.5271**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David A. Graham**

Mailing Address 64 Graham Way

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Graham Group Occupation Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5273**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Bob Gray**

Mailing Address P.O. Box 2186

City Myrtle Beach State SC Zip Code 29578

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

Name of Employer Sunco Pool Co., Inc Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2012

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 33 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dan P. Gray**

Mailing Address 5410 Hampton Circle

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4544 Carriage Run Cir.

City State Zip Code  
Murrells Inlet SC 29576

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5280**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Marsha Griffin**

Mailing Address 1308 Havens Dr.

City State Zip Code  
N. Myrtle Beach SC 29582

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5282**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 34 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gary L. Hadwin Sr.**

Mailing Address 307 Club Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Hadwin White Occupation Auto Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael F. Hagg**

Mailing Address 4106 Kirby Ct.

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer HTC Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11AI.5286**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Monica Hamer**

Mailing Address 4869 Magnolia Point Ln. Apt. 303

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer A.O. Hardee & Sons Occupation Business Development Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5288**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. A.O. Hardee**

Mailing Address 55 Park Street Ext

City Little River State SC Zip Code 29566

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

Name of Employer Hardee Construction Occupation Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Benjy A. Hardee**

Mailing Address 1706 Magnolia Dr.

City North Myrtle Beach State SC Zip Code 29582

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

Name of Employer Hardee Construction Occupation Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5291**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 5704 Woodside Ave.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2012

**Transaction ID : SA11AI.4875**

Amount of Each Receipt this Period  
 1280.00  
 In-kind - Event Catering

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

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

4280.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 36 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Francenia B. Heizer**

Mailing Address 1221 Main Street, Ste 1800

City Columbia State SC Zip Code 29211

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

Name of Employer **McNair Law Firm** Occupation **Lawyer**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5294**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tim R. Helms**

Mailing Address 1649 Longleaf Dr.

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer **Appliance Plus** Occupation **Ower**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Joanne W. Herring**

Mailing Address 5704 Longleaf Drive

City Myrtle Beach State SC Zip Code 29577

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11AI.5297**

Amount of Each Receipt this Period  
**250.00**

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

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

**1050.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 37 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David C. Hicks**

Mailing Address 900 Little Creek Rd.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Rice, MacDonald & Hicks Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5299**

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. M. Edwin Hinds Jr.**

Mailing Address 144 Cabana Rd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Bellamy Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012

**Transaction ID : SA11AI.5303**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John R Hoffman III**

Mailing Address 3452 Woodstock Ln.

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Self Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2012

**Transaction ID : SA11AI.5305**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Hal B. Holmes**

Mailing Address 2691 Highway 90

City Conway State SC Zip Code 29528

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

Name of Employer Retired Occupation Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5307**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Lawrence B. Holt Jr.**

Mailing Address 1529 Cadiz Drive

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Coastal Cancer Society Occupation Doctor

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James P. Howle**

Mailing Address 4220 Siwel Rd.

City Conway State SC Zip Code 29526

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

Name of Employer Horry County Cooperative Occupation Executive VP

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5310**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas M. Hudgins**

Mailing Address 4700 N. Ocean Blvd.

City Myrtle Beach      State SC      Zip Code 29577

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

Name of Employer Retired      Occupation Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.5314**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Dwight Hudson**

Mailing Address 1203 48th Ave. N.

City Myrtle Beach      State SC      Zip Code 29577

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

Name of Employer Hudson Law Offices      Occupation Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.5316**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Laura W. Hutto**

Mailing Address 226 Front Street

City Georgetown      State SC      Zip Code 29440

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

Name of Employer Self      Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.5318**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 40 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Damian J. Jarae**

Mailing Address 309 Dendy Ct.

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer PNC Bank Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.5322**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Otis Allen Jeffcoat III**

Mailing Address 5701 Longleaf Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Jeffcoat, Pike & Napier Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2012

**Transaction ID : SA11AI.5324**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. W. Tim Johnson Jr.**

Mailing Address 105 Park Avenue

City Conway State SC Zip Code 29526

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period  
500.00

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

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

1000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 41 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles B. Jordan**

Mailing Address P.O. Box 50250

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2012**

**Transaction ID : SA11AI.5329**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jimmy P. Jordan Jr.**

Mailing Address 5100 Hendricks Shortcut Rd.

City Conway State SC Zip Code 29527

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

Name of Employer Self Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2012**

**Transaction ID : SA11AI.5331**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard B. Josey III**

Mailing Address 401 67th Avenue North

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Burroughs & Chapin Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period  
**1500.00**

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

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

**2250.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 42 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Kilgo Jr.**

Mailing Address P.O. Box 583

City State Zip Code  
Darlington SC 29540

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : SA11AI.5338**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffery E. Kinard**

Mailing Address P.O. Box 1916

City State Zip Code  
Pawleys Island SC 29585

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

Name of Employer Self Occupation Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : SA11AI.5340**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Kiskaunas**

Mailing Address 7881 San Marcello Dr.

City State Zip Code  
Myrtle Beach SC 29579

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

Name of Employer Plantationpp. Financial Cor Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.5344**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 43 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William E. Lawson**

Mailing Address 1220 Pinewood Cir

City State Zip Code  
Conway SC 29526

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

Name of Employer Occupation  
Turner Padgett Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2012

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Dallas C. Leavitt**

Mailing Address 211 W. Canal Avenue

City State Zip Code  
Sunset Beach NC 29468

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

Name of Employer Occupation  
Self Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : SA11AI.5350**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8710 N. Ocean Blvd.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1280.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2012

**Transaction ID : SA11AI.4872**

Amount of Each Receipt this Period  
1280.00  
In-kind - Event Catering

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

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

1780.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 44 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Louise K. Lewis**

Mailing Address 1023 Waterway Lane, Forest 2

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29572 |
|----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11AI.5351**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Louise K. Lewis**

Mailing Address 1023 Waterway Lane, Forest 2

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29572 |
|----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11AI.5352**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sarah L. Lewis**

Mailing Address 1191 Ek Valley Dr.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Evergreen | State<br>CO | Zip Code<br>80439 |
|-------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 45 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. George Lindsay**

Mailing Address 1500 Springland Dr,

City State Zip Code  
N. Myrtle Beach SC 29582

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

Name of Employer Occupation  
NBSC Executive VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5358**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel J. MacDonald**

Mailing Address 5001 Camelia Drive

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Rice, MacDonald & Hicks Law Firm Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William O. Marsh**

Mailing Address 1800 Riversisde Dr.

City State Zip Code  
Conway SC 29526

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

Name of Employer Occupation  
Palmetto Chevrolet Auto Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

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

|   |   |                                     |                                     |                                    |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                     | PAGE 46 OF 118                      |                                    |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
| <input type="checkbox"/> 15   |   |                                     |                                     |                                    |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Morgan Martin**

Mailing Address 1475 Four Mile Rd.

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Conway | State<br>SC | Zip Code<br>29526 |
|----------------|-------------|-------------------|

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

|                          |                      |
|--------------------------|----------------------|
| Name of Employer<br>Self | Occupation<br>Lawyer |
|--------------------------|----------------------|

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 23  |   | 2012    |

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony R. McAfee**

Mailing Address 5113 Fairmont Ln.

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29579 |
|----------------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>State Farm Insurance | Occupation<br>Insurance |
|--|-------------------------|

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 19  |   | 2012    |

**Transaction ID : SA11AI.5371**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Tyron McCray**

Mailing Address 805 Castlebridge Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Murrells Inlet | State<br>SC | Zip Code<br>29576 |
|------------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 28  |   | 2012    |

**Transaction ID : SA11AI.5499**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 47 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Luther O. McCutchen III**

Mailing Address 3 Chapin Circle

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer McCutchen, Mumford etal Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5378**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Hubbard W. McDonald Jr.**

Mailing Address 2514 Bluff Place Lane

City Clio State SC Zip Code 29525

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012

**Transaction ID : SA11AI.5380**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sonya McGonigal**

Mailing Address 4100 Gray Heron Dr

City N. Myrtle Beach State SC Zip Code 29582

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

Name of Employer Self Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11AI.5382**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 48 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth L. McKelvey**

Mailing Address 500 15th Ave. S.

City State Zip Code  
N. Myrtle Beach SC 29582

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

Name of Employer Occupation  
Defender Resort Management President/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2012

**Transaction ID : SA11AI.5386**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jon David McMillan**

Mailing Address 4854 Surry Lane

City State Zip Code  
Murrells Inlet SC 29576

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

Name of Employer Occupation  
Drunken Jacks Inc. Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2012

**Transaction ID : SA11AI.4887**

Amount of Each Receipt this Period  
500.00  
In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Susan Means**

Mailing Address 990 Antilles Court

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11AI.5388**

Amount of Each Receipt this Period  
500.00

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

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

2000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 49 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. James O. Merritt III**

Mailing Address 316 Wildwood Dunes Tr.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5390**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David B. Miller**

Mailing Address P.O. Box 357

City Myrtle Beach State SC Zip Code 29576

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

Name of Employer Bellamy Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2012

**Transaction ID : SA11AI.5392**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Valerie G. Moliterno**

Mailing Address 409 39th Ave North

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.5393**

Amount of Each Receipt this Period  
 50.00

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

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

800.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 50 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas F. Moran**

Mailing Address 3751 Robert M. Grissom Pkwy Ste 30

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29577    |

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

|                                    |            |
|------------------------------------|------------|
| Name of Employer                   | Occupation |
| Nelson Mullins Riley & Scarborough | Lawyer     |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5395**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Claude S. Mosley**

Mailing Address 419 Wildwood Dunes Trail

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29572    |

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

|                      |                   |
|----------------------|-------------------|
| Name of Employer     | Occupation        |
| Ameritrust Financial | Financial Advisor |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5399**

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. R. Michael Munden**

Mailing Address 1294 Professional Dr.

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Myrtle Beach | SC    | 29577    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Self             | Attorney   |

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.5401**

Amount of Each Receipt this Period

250.00

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

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

3250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 51 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John L. Napier**

Mailing Address Post Office Box 2874

City State Zip Code  
Pawleys Island SC 29585

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

Name of Employer Occupation  
Napier Company Political Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1286.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.4868**

Amount of Each Receipt this Period  
 286.89

In-kind - Event Catering

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

Mailing Address Post Office Box 2874

City State Zip Code  
Pawleys Island SC 29585

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

Name of Employer Occupation  
Napier Company Political Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5402**

Amount of Each Receipt this Period  
 713.11

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jerrett Oates**

Mailing Address 9337 Marina Parkway

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Barefoot Realty Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5406**

Amount of Each Receipt this Period  
 2500.00

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

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

3500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 52 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Adam J. Parness**

Mailing Address 315 73rd Ave. N.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Beach One Realty Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : SA11AI.5414**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald E Perry Sr.**

Mailing Address 5901 S. Kings Hwy

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer Lakewood Camping Resort Occupation Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 04 / 2012

**Transaction ID : SA11AI.5420**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John W. Pharr**

Mailing Address 217 81st Avenue North

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.5421**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 53 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ebbie W. Phillips**

Mailing Address 418 Wildwood Dunes Trail

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Tyson Sign Co. CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2012

**Transaction ID : SA11AI.5422**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael C. Phillips**

Mailing Address 3514 Waldron Dr.

City State Zip Code  
Greensboro NC 27408

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

Name of Employer Occupation requested  
requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5424**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph C. Pike**

Mailing Address 1177 Highway 348

City State Zip Code  
Loris SC 29569

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

Name of Employer Occupation  
Pike McFarland & Associates Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.5426**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Samuel H Plexico**

Mailing Address P.O. Box 1101

City Myrtle Beach State SC Zip Code 29578

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

Name of Employer Self Occupation CPA

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ralph Pond**

Mailing Address 5516 Woodside Avenue

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Pond Development Occupation President

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5429**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William H Prescott**

Mailing Address 310 69th Ave. N.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer National Amusement Rides Occupation Manager

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11AI.5431**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 55 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Pamela Pyle**

Mailing Address 150 White Dove Lane

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5432**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Albert Ted Quantz Jr.**

Mailing Address 394 Dune Oaks Drive

City Georgetown State SC Zip Code 29440

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

Name of Employer Self Employed Occupation Salesman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
786.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.4870**

Amount of Each Receipt this Period  
286.89  
In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Lee Rabon**

Mailing Address Post Office Box 437

City Conway State SC Zip Code 29528

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5433**

Amount of Each Receipt this Period  
1000.00

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

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

2286.89

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

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

FOR LINE NUMBER: PAGE 56 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Lee Rabon**

Mailing Address Post Office Box 437

City State Zip Code  
Conway SC 29528

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

Name of Employer Occupation  
Self Employed Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5434**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JC Ray**

Mailing Address P.O. Box 416

City State Zip Code  
Conway SC 29526

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

Name of Employer Occupation  
Ray Realty Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.5436**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joe Reaves III**

Mailing Address 1005 Surf Pointe Dr.

City State Zip Code  
N. Myrtle Beach SC 29582

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

Name of Employer Occupation  
Suncoast Financial Group, LLC Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5438**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 57 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Philip N. Render**

Mailing Address P.O. Box 7462

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5440**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Fred R. Richardson**

Mailing Address 2643 Long Ave.

City Conway State SC Zip Code 29526

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

Name of Employer GSWSA Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5441**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ott W. Ricky**

Mailing Address 136 Castle Rd.

City Columbia State SC Zip Code 29210

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

Name of Employer requested Occupation requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2012

**Transaction ID : SA11AI.5443**

Amount of Each Receipt this Period  
 500.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 58 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. L. Lawton Rogers III**

Mailing Address 3260 Luvan Blvd.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Georgetown | State<br>SC | Zip Code<br>29440 |
|--------------------|-------------|-------------------|

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

|                                     |                        |
|-------------------------------------|------------------------|
| Name of Employer<br>Rogers & Killen | Occupation<br>Attorney |
|-------------------------------------|------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2012

**Transaction ID : SA11AI.5445**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas J. Rogers**

Mailing Address P.O. Box 2398

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29578 |
|----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.5447**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Daniel Rosner**

Mailing Address 410 5th Ave. N.

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Myrtle Beach | State<br>SC | Zip Code<br>29577 |
|----------------------|-------------|-------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>Coastal Carolina Otolaryngology | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5449**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 59 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Rhett Sansbury**

Mailing Address 5900 Country Club Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer HUB International Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5453**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dale Shelley**

Mailing Address 1776 Green Sea Rd.

City Green Sea Rd. State SC Zip Code 29545

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

Name of Employer USDA Occupation HR Specialist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5459**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Shelley Farms Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5460**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 60 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Shelley**

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Shelley Farms Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5461**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Johnny M. Shelley**

Mailing Address 7150 Hwy. 917

City Nichols State SC Zip Code 29581

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

Name of Employer Self Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.5463**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David F. Singleton**

Mailing Address 4714 Oleander Dr. Ste. B

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Buckingham Holdings LLC Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **666.67**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11AI.5466**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 61 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James M. Singleton**

Mailing Address 306 Wildwood Dunes Trail

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012

**Transaction ID : SA11AI.5468**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard G. Singleton**

Mailing Address 3707 Kinlock Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Buckingham Holdings LLC Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.5471**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J. Marcus Smith Jr.**

Mailing Address 5616 Country Club Dr.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Wilson Kibler Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5473**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 62 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A. Page Spann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 538 Fernwood Rd.  
 City Murrells Inlet State SC Zip Code 29576  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2012  
**Transaction ID : SA11AI.4878**  
 Amount of Each Receipt this Period  
 1280.00  
 In-kind - Event Catering

**B. Mr. Rick Spradlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 Patterson Drive  
 City Myrtle Beach State SC Zip Code 29572  
 FEC ID number of contributing federal political committee. C  
 Name of Employer BB&T Occupation Sales  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2012  
**Transaction ID : SA11AI.5474**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. John Springs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 Rum Gully Road  
 City Murrells Inlet State SC Zip Code 29576  
 FEC ID number of contributing federal political committee. C  
 Name of Employer True Blue Golf Course Occupation Owner  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2012  
**Transaction ID : SA11AI.4881**  
 Amount of Each Receipt this Period  
 500.00  
 In-kind - Event Catering

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

2030.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 63 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Shirley W. Springs**

Mailing Address 4600 North Kings Highway

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.5475**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dominic A. Starr**

Mailing Address 630 Summerhill Ct.

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer McAngus, Goudelouck & Curry Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2012**

**Transaction ID : SA11AI.5481**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John C. Stewart Jr.**

Mailing Address 36 Chapin Cir.

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Nelson Mullins Riley & Scarborough Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2012**

**Transaction ID : SA11AI.5483**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 64 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. Roddy Swaim**

Mailing Address 460 Rum Gully Road

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Dunes Realty Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 17 / 2012**

**Transaction ID : SA11AI.5484**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jody Tamsberg**

Mailing Address 126 Meeting Street

City Charleston State SC Zip Code 29401

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

Name of Employer Tamsberg Properties Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.5486**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steve C Taylor**

Mailing Address 512 Poinsett Rd.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Native Sons Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11AI.5488**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 65 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Barry Thigpen**

Mailing Address 5111 N. Kings Hwy

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Re\Max Ocean Forest Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5490**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David J. Tiggs**

Mailing Address 602 Colonial Dr.

City Hilton Head State SC Zip Code 29926

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

Name of Employer McNair Law Firm Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5494**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Neil W. Trask**

Mailing Address 9310 Cove Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Cardiology Gastroenterology & Associat Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.5495**

Amount of Each Receipt this Period  
 200.00

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

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

950.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 66 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. David Vereen**

Mailing Address 203 Waties Dr.

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Self Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.5505**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell Vereen**

Mailing Address PO Box 303

City Murrells Inlet State SC Zip Code 29576

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

Name of Employer Russells Seafood Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2012

**Transaction ID : SA11AI.4865**

Amount of Each Receipt this Period  
 1000.00  
 In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Vivian E. Vereen**

Mailing Address 302 Lafayette Road

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.5506**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 67 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Gary Vukov**

Mailing Address 7901 Beach Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Cardiology Gastroenterology Associatio Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.5507**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Gary Vukov**

Mailing Address 7901 Beach Drive

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer Cardiology Gastroenterology Associatio Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.5508**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis Wade**

Mailing Address 1403 Highland Circle

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer The Jackson Companies Occupation President & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.5509**

Amount of Each Receipt this Period  
500.00

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

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

1700.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 68 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. Collins Wakefield**

Mailing Address 5912 Haskell Circle

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5510**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Chris Walker**

Mailing Address 5700 Canterbury Ln.

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer DCW Investments Inc. Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11AI.5512**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jeffrey Wallen**

Mailing Address 1203 48th Avenue North

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Jeffery H. Wallen, DDS Occupation Oral Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5513**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 69 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. C.D. Walters**

Mailing Address 706 N. Ocean Blvd.

City State Zip Code  
N. Myrtle Beach SC 29582

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

Name of Employer Occupation  
A. Services Group Security Services

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 30 2012

**Transaction ID : SA11AI.5515**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ethan R. Ware**

Mailing Address 545 Alexander Cir

City State Zip Code  
Columbia SC 29206

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

Name of Employer Occupation  
McNair Law Firm Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 30 2012

**Transaction ID : SA11AI.5519**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John M. Watt**

Mailing Address 9138 Heydon Hall Cir.

City State Zip Code  
Charlotte NC 28210

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

Name of Employer Occupation  
National Gypsum Manufacturer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 27 2012

**Transaction ID : SA11AI.5523**

Amount of Each Receipt this Period  
1000.00

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

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

3250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 70 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard D. Weddington**

Mailing Address 615 Cattle St.

City State Zip Code  
Daniel Island SC 29492

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

Name of Employer Occupation  
Self Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5525**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Paula H. Wendel**

Mailing Address 8704 North Ocean Blvd.

City State Zip Code  
Myrtle Beach SC 29572

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5527**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Doug White**

Mailing Address 5711 Pickens Ave.

City State Zip Code  
Myrtle Beach SC 29577

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

Name of Employer Occupation  
Grand Strand Regional Medical Center Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012

**Transaction ID : SA11AI.5529**

Amount of Each Receipt this Period  
250.00

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

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

3750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 71 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne H. Wicker**

Mailing Address 99 N. Hermitage Road

City State Zip Code  
Beaufort SC 29902

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

Name of Employer Occupation  
The Secessions Golf Course Greenskeeper

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.5530**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Cheryl S. Wingard**

Mailing Address 1800 Husted Road, Suite D

City State Zip Code  
Conway SC 29526

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

Name of Employer Occupation  
Burroughs Brothers Properties Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.5533**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Verlon Wulf**

Mailing Address 1031 Gullane Ct.

City State Zip Code  
Surfside Beach SC 29575

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

Name of Employer Occupation  
Carolina Cool Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.5537**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 72 OF 118 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mrs. Donna P. Zeglin</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 28 / 2012 |  |
| Mailing Address 801 Greenbay Trail  |                                  | <b>Transaction ID : SA11AI.5538</b>                          |  |
| City<br>Myrtle Beach  | State<br>SC                      | Zip Code<br>29577  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                  |  |  |
| Name of Employer<br>Salon VIP   | Occupation<br>Cosmetologist      |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |

|   |                        |  |                                    |
|---|------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y Y |                                    |
| Mailing Address   |                        |  |                                    |
| City  | State                  | Zip Code                                   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.<br>C   |                        |  |                                    |
| Name of Employer  | Occupation             |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |                                    |

|   |                        |  |                                    |
|---|------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y Y |                                    |
| Mailing Address   |                        |  |                                    |
| City  | State                  | Zip Code                                   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.<br>C   |                        |  |                                    |
| Name of Employer  | Occupation             |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |                                    |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00    |
| <b>TOTAL</b> This Period (last page this line number only)..... | 145826.89 |



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

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

FOR LINE NUMBER: PAGE 73 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

A. Full Name (Last, First, Middle Initial)  
**RADIATION THERAPY SERVICES, INC POLITICAL ACTION COMMITTEE**

Mailing Address **2234 COLONIAL BLVD.**  
**ATTN: MARGARITA SUAREZ**

City State Zip Code  
**FORT MYERS FL 33907**

FEC ID number of contributing federal political committee. **C C00385120**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 01 2012**

Transaction ID : **SA11C.5107**

Amount of Each Receipt this Period  
**500.00**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

**500.00**

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

**500.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 74 OF 118 |
|   | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**TOM RICE**

Mailing Address 5100 NORTH OCEAN BLVD

City MYRTLE BEACH      State SC      Zip Code 29577

FEC ID number of contributing federal political committee. **C** H2SC07066

Name of Employer Self      Occupation Businessman

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA13A.4834**

Amount of Each Receipt this Period  
50000.00

From Personal Funds

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

50000.00

50000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 75 OF 118 |
|   | <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 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**BB&T Insurance Services**

Mailing Address P.O. Box 1389

City Myrtle Beach      State SC      Zip Code 29578

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

Name of Employer      Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA14.4906**

Amount of Each Receipt this Period  
 530.00

Vendor Refund

**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

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

530.00

530.00

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 76 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |                            |
|---|--|---|----------------------------|
| Full Name (Last, First, Middle Initial) |  | Date of Disbursement                    |                            |
| <b>A. AccuChecks</b>                    |  | M M / D D / Y Y Y Y<br>03 / 20 / 2012   |                            |
| Mailing Address 605 19th Ave. N.        |  | Amount of Each Disbursement this Period |                            |
| City                                    | State  | Zip Code                                | Transaction ID : SB17.4943 |
| Myrtle Beach                            | SC   | 29577                                   | 31.54                      |
| Purpose of Disbursement<br>Accounting   |  | Category/<br>Type                       |                            |
| Candidate Name                          |  |   |                            |
| Office Sought:                          | Disbursement For: 2012   |   |                            |
| <input type="checkbox"/> House          | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |                            |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                                     |   |                            |
| <input type="checkbox"/> President      |  |   |                            |
| State:                                  | District:  |   |                            |

|   |  |   |                            |
|---|--|---|----------------------------|
| Full Name (Last, First, Middle Initial) |  | Date of Disbursement                    |                            |
| <b>B. BB&amp;T Insurance Services</b>   |  | M M / D D / Y Y Y Y<br>02 / 03 / 2012   |                            |
| Mailing Address P.O. Box 1389           |  | Amount of Each Disbursement this Period |                            |
| City                                    | State  | Zip Code                                | Transaction ID : SB17.4948 |
| Myrtle Beach                            | SC   | 29578                                   | 1541.40                    |
| Purpose of Disbursement<br>Insurance    |  | Category/<br>Type                       |                            |
| Candidate Name                          |  |   |                            |
| Office Sought:                          | Disbursement For: 2012   |   |                            |
| <input type="checkbox"/> House          | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |                            |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                                     |   |                            |
| <input type="checkbox"/> President      |  |   |                            |
| State:                                  | District:  |   |                            |

|   |  |   |                            |
|---|--|---|----------------------------|
| Full Name (Last, First, Middle Initial)       |  | Date of Disbursement                    |                            |
| <b>C. Best Buy</b>                            |  | M M / D D / Y Y Y Y<br>01 / 26 / 2012   |                            |
| Mailing Address Store #855                    |  | Amount of Each Disbursement this Period |                            |
| City  | State  | Zip Code                                | Transaction ID : SB17.4949 |
| Myrtle Beach                                  | SC   | 29577                                   | 239.78                     |
| Purpose of Disbursement<br>Equipment Purchase |  | Category/<br>Type                       |                            |
| Candidate Name                                |  |   |                            |
| Office Sought:                                | Disbursement For: 2012   |   |                            |
| <input type="checkbox"/> House                | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |                            |
| <input type="checkbox"/> Senate               | <input type="checkbox"/> Other (specify)                                     |   |                            |
| <input type="checkbox"/> President            |  |   |                            |
| State:  | District:  |   |                            |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1812.78 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 77 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Best Buy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2012 |
| Mailing Address Store #855  |  | Amount of Each Disbursement this Period<br>337.87             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Equipment Purchase  | Transaction ID : SB17.4950                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BNC Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 05 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100   |  | Amount of Each Disbursement this Period<br>454.11             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Payroll Taxes   | Transaction ID : SB17.4955                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. BNC Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100   |  | Amount of Each Disbursement this Period<br>576.55             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Payroll Taxes   | Transaction ID : SB17.4956                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1368.53 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 78 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BNC Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100   |  | Amount of Each Disbursement this Period<br>1113.14            |
| City Myrtle Beach   | State SC   |   |
| Zip Code 29577  | Purpose of Disbursement<br>Payroll Taxes   | Transaction ID : SB17.4957                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BNC Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 20 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100   |  | Amount of Each Disbursement this Period<br>527.21             |
| City Myrtle Beach   | State SC   |   |
| Zip Code 29577  | Purpose of Disbursement<br>Payroll Taxes   | Transaction ID : SB17.4958                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. BNC Bank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100   |  | Amount of Each Disbursement this Period<br>1033.41            |
| City Myrtle Beach   | State SC   |   |
| Zip Code 29577  | Purpose of Disbursement<br>Payroll Taxes   | Transaction ID : SB17.4959                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2673.76 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 79 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BNC Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100  |  | Amount of Each Disbursement this Period<br>1233.39            |
| City Myrtle Beach  | State SC   |   |
| Zip Code 29577   | Disbursement For: 2012   | Transaction ID : SB17.4960                                    |
| Purpose of Disbursement<br>Payroll Taxes   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012   |   |
| State: District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BNC Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 30 / 2012 |
| Mailing Address 3751 Grissom Parkway<br>Suite 100  |  | Amount of Each Disbursement this Period<br>70.58              |
| City Myrtle Beach  | State SC   |   |
| Zip Code 29577   | Disbursement For: 2012   | Transaction ID : SB17.4961                                    |
| Purpose of Disbursement<br>Bank Fees   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012   |   |
| State: District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Ann T. Brittain</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2012 |
| Mailing Address 4703 North Ocean Boulevard   |  | Amount of Each Disbursement this Period<br>1500.00            |
| City Myrtle Beach  | State SC   |   |
| Zip Code 29577   | Disbursement For: 2012   | Transaction ID : SB17.4861                                    |
| Purpose of Disbursement<br>In-kind - Event Catering  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012   |   |
| State: District:   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2803.97 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 80 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Matthew Brittain</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 29 / 2012                          |
| Mailing Address 5633 Woodside Avenue   |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB17.4864</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>In-kind - Event Catering   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Carol B. Burroughs</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012                           |
| Mailing Address 8215 Timber Ridge Rd   |   | Amount of Each Disbursement this Period<br>1600.00<br><b>Transaction ID : SB17.4884</b> |
| City<br>Conway   | State<br>SC   |   |
| Zip Code<br>29526  | Purpose of Disbursement<br>In-kind - Event Catering   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Caledonia Golf &amp; Fish Club</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012                          |
| Mailing Address P.O. Box 1320  |   | Amount of Each Disbursement this Period<br>881.92<br><b>Transaction ID : SB17.4963</b> |
| City<br>Pawleys Island   | State<br>SC   |  |
| Zip Code<br>29585  | Purpose of Disbursement<br>Event Catering/Site Rental   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2981.92 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 81 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Hill Suites</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 26 / 2012                          |
| Mailing Address 200 C Street SE  |  | Amount of Each Disbursement this Period<br>380.25<br><b>Transaction ID : SB17.4965</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Travel   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ciao Italian Restaurant</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2012                          |
| Mailing Address 5223 N. Kings Highway  |  | Amount of Each Disbursement this Period<br>262.59<br><b>Transaction ID : SB17.4967</b> |
| City Myrtle Beach State SC Zip Code 29577  | Purpose of Disbursement Meeting-Meals  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Costco Wholesale</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2012                          |
| Mailing Address Store #338   |  | Amount of Each Disbursement this Period<br>266.54<br><b>Transaction ID : SB17.4971</b> |
| City Myrtle Beach State SC Zip Code 29577  | Purpose of Disbursement Event Catering   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 909.38 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 82 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Costco Wholesale</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2012 |
| Mailing Address Store #338  |  | Amount of Each Disbursement this Period<br>96.57              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Event Catering  | Transaction ID : SB17.4972                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Tracy G. Durant</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012 |
| Mailing Address 1427 Jasmin Lane  |  | Amount of Each Disbursement this Period<br>2250.00            |
| City<br>Murrells Inlet  | State<br>SC  |   |
| Zip Code<br>29576   | Purpose of Disbursement<br>In-kind - Event Catering  | Transaction ID : SB17.4886                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Fed Ex</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2012 |
| Mailing Address 1170 Seabord St.  |  | Amount of Each Disbursement this Period<br>166.75             |
| City<br>Myrtle Beach  | State<br>FL  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Shipping  | Transaction ID : SB17.4984                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2513.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                |
|---|---|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 83 OF 118 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |

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

**A. Fed Ex**

Full Name (Last, First, Middle Initial)  
Mailing Address 1170 Seabord St.

City Myrtle Beach State FL Zip Code 29577

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2012

Amount of Each Disbursement this Period: 10.35

Transaction ID : SB17.4985

**B. Fed Ex**

Full Name (Last, First, Middle Initial)  
Mailing Address 1170 Seabord St.

City Myrtle Beach State FL Zip Code 29577

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2012

Amount of Each Disbursement this Period: 111.73

Transaction ID : SB17.4986

**c. Gordon Birsch**

Full Name (Last, First, Middle Initial)  
Mailing Address Market Commons

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement Meeting-Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2012

Amount of Each Disbursement this Period: 237.19

Transaction ID : SB17.4993

**SUBTOTAL** of Disbursements This Page (optional) ..... 359.27

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 84 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Linda Harrington</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2012                           |
| Mailing Address 5704 Woodside Ave.   |   | Amount of Each Disbursement this Period<br>1280.00<br><b>Transaction ID : SB17.4877</b> |
| City<br>Myrtle Beach   | State<br>SC   |   |
| Zip Code<br>29577  | Purpose of Disbursement<br>In-kind - Event Catering   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Huckaby Davis Lisker</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 30 / 2012                           |
| Mailing Address 228 South Washington St. Suite 115   |   | Amount of Each Disbursement this Period<br>1248.40<br><b>Transaction ID : SB17.4999</b> |
| City<br>Alexandria   | State<br>VA   |   |
| Zip Code<br>22314  | Purpose of Disbursement<br>Compliance Consulting  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Chandler Hudson</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 20 / 2012                           |
| Mailing Address 129 Canterbury Crossing  |   | Amount of Each Disbursement this Period<br>1197.81<br><b>Transaction ID : SB17.4913</b> |
| City<br>Fort Mill  | State<br>SC   |   |
| Zip Code<br>29708  | Purpose of Disbursement<br>Salary   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3726.21 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 85 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chandler Hudson</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012 |  |
| Mailing Address 129 Canterbury Crossing   |  |                   | Amount of Each Disbursement this Period<br>1197.81            |  |
| City<br>Fort Mill   | State<br>SC  | Zip Code<br>29708 | Transaction ID : SB17.4914                                    |  |
| Purpose of Disbursement<br>Salary   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chandler Hudson</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012 |  |
| Mailing Address 129 Canterbury Crossing   |  |                   | Amount of Each Disbursement this Period<br>1197.81            |  |
| City<br>Fort Mill   | State<br>SC  | Zip Code<br>29708 | Transaction ID : SB17.4915                                    |  |
| Purpose of Disbursement<br>Salary   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer Lester</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2012 |  |
| Mailing Address 8710 N. Ocean Blvd.   |  |                   | Amount of Each Disbursement this Period<br>1280.00            |  |
| City<br>Myrtle Beach  | State<br>SC  | Zip Code<br>29572 | Transaction ID : SB17.4874                                    |  |
| Purpose of Disbursement<br>In-kind - Event Catering   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3675.62 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 86 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Lowes Foods</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2012 |
| Mailing Address Store #234 Grand Dunes  |  | Amount of Each Disbursement this Period<br>195.98             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Event Catering  | Transaction ID : SB17.5015                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Peggy McGruder</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012 |
| Mailing Address 1641 Forest Dr.   |  | Amount of Each Disbursement this Period<br>385.92             |
| City<br>Little River  | State<br>SC  |   |
| Zip Code<br>29566   | Purpose of Disbursement<br>Salary  | Transaction ID : SB17.4936                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Peggy McGruder</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 20 / 2012 |
| Mailing Address 1641 Forest Dr.   |  | Amount of Each Disbursement this Period<br>159.26             |
| City<br>Little River  | State<br>SC  |   |
| Zip Code<br>29566   | Purpose of Disbursement<br>Salary  | Transaction ID : SB17.4937                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 741.16 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 87 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jon David McMillan</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012 |
| Mailing Address 4854 Surry Lane  |                         | Amount of Each Disbursement this Period<br>500.00             |
| City Murrells Inlet  | State SC Zip Code 29576 |   |
| Purpose of Disbursement<br>In-kind - Event Catering  | Candidate Name          | Transaction ID : SB17.4889                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jay Miley</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012 |
| Mailing Address 744 Bruce St.  |                         | Amount of Each Disbursement this Period<br>750.00             |
| City Charleston  | State SC Zip Code 29413 |   |
| Purpose of Disbursement<br>Event Site Rental   | Candidate Name          | Transaction ID : SB17.4925                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. John L. Napier</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2012 |
| Mailing Address Post Office Box 2874   |                         | Amount of Each Disbursement this Period<br>286.89             |
| City Pawleys Island  | State SC Zip Code 29585 |   |
| Purpose of Disbursement<br>In-kind - Event Catering  | Candidate Name          | Transaction ID : SB17.4869                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1536.89 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 88 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>477.76             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Furniture  | Transaction ID : SB17.5020                                    |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>171.12             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Printing  | Transaction ID : SB17.5021                                    |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 04 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>291.95             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5022                                    |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 940.83 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 89 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>                                       |  | Date of Disbursement                    |
| Mailing Address 2301 N. Kings Hwy   |  | M M / D D / Y Y Y Y<br>01 / 05 / 2012   |
| City  | State  | Zip Code                                |
| Myrtle Beach  | SC   | 29577                                   |
| Purpose of Disbursement<br>Printing   |  | Amount of Each Disbursement this Period |
| Candidate Name  | Category/Type  | 28.33                                   |
| Office Sought:  | Disbursement For: 2012   | <b>Transaction ID : SB17.5023</b>       |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>                                       |  | Date of Disbursement                    |
| Mailing Address 2301 N. Kings Hwy   |  | M M / D D / Y Y Y Y<br>01 / 06 / 2012   |
| City  | State  | Zip Code                                |
| Myrtle Beach  | SC   | 29577                                   |
| Purpose of Disbursement<br>Office Furniture   |  | Amount of Each Disbursement this Period |
| Candidate Name  | Category/Type  | 714.91                                  |
| Office Sought:  | Disbursement For: 2012   | <b>Transaction ID : SB17.5024</b>       |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>                                       |  | Date of Disbursement                    |
| Mailing Address 2301 N. Kings Hwy   |  | M M / D D / Y Y Y Y<br>01 / 09 / 2012   |
| City  | State  | Zip Code                                |
| Myrtle Beach  | SC   | 29577                                   |
| Purpose of Disbursement<br>Office Supplies  |  | Amount of Each Disbursement this Period |
| Candidate Name  | Category/Type  | 249.27                                  |
| Office Sought:  | Disbursement For: 2012   | <b>Transaction ID : SB17.5025</b>       |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 992.51 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 90 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |                                       |
|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>  |   | Date of Disbursement                  |
| Mailing Address 2301 N. Kings Hwy  |   | M M / D D / Y Y Y Y<br>01 / 12 / 2012 |
| City   | State                                   | Zip Code                              |
| Myrtle Beach   | SC                                      | 29577                                 |
| Purpose of Disbursement<br>Office Supplies   | Category/<br>Type                       |                                       |
| Candidate Name   | Amount of Each Disbursement this Period |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | 155.82                                  |                                       |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5026</b>       |                                       |
| State: District:   |   |                                       |

|  |   |                                       |
|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |   | Date of Disbursement                  |
| Mailing Address 2301 N. Kings Hwy  |   | M M / D D / Y Y Y Y<br>01 / 12 / 2012 |
| City   | State                                   | Zip Code                              |
| Myrtle Beach   | SC                                      | 29577                                 |
| Purpose of Disbursement<br>Office Equipment  | Category/<br>Type                       |                                       |
| Candidate Name   | Amount of Each Disbursement this Period |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | 970.74                                  |                                       |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5027</b>       |                                       |
| State: District:   |   |                                       |

|  |   |                                       |
|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>  |   | Date of Disbursement                  |
| Mailing Address 2301 N. Kings Hwy  |   | M M / D D / Y Y Y Y<br>01 / 13 / 2012 |
| City   | State                                   | Zip Code                              |
| Myrtle Beach   | SC                                      | 29577                                 |
| Purpose of Disbursement<br>Office Supplies   | Category/<br>Type                       |                                       |
| Candidate Name   | Amount of Each Disbursement this Period |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          | 54.46                                   |                                       |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : SB17.5028</b>       |                                       |
| State: District:   |   |                                       |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1181.02 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 91 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2012 |
| Mailing Address 2301 N. Kings Hwy                                 |   | Amount of Each Disbursement this Period<br>39.52              |
| City<br>Myrtle Beach  | State<br>SC   |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State:<br>District:   |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 17 / 2012 |
| Mailing Address 2301 N. Kings Hwy                                 |   | Amount of Each Disbursement this Period<br>98.24              |
| City<br>Myrtle Beach  | State<br>SC   |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State:<br>District:   |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 19 / 2012 |
| Mailing Address 2301 N. Kings Hwy                                 |   | Amount of Each Disbursement this Period<br>217.98             |
| City<br>Myrtle Beach  | State<br>SC   |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Furniture   | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State:<br>District:   |   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 355.74 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 92 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 19 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>653.93             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Furniture  | Transaction ID : SB17.5032                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 24 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>710.06             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Software  | Transaction ID : SB17.5033                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 26 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>32.69              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5034                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1396.68 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 93 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>80.12              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5035                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>115.47             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5036                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 07 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>19.16              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5037                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 214.75 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 94 OF 118                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>59.50              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5038                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>160.22             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5039                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>32.69              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5040                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 252.41 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 95 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 27 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>115.83             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Purpose of Disbursement<br>Office Supplies  | Category/<br>Type  |   |
| Candidate Name  | Transaction ID : SB17.5041   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>23.93              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Purpose of Disbursement<br>Office Supplies  | Category/<br>Type  |   |
| Candidate Name  | Transaction ID : SB17.5042   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>196.19             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Purpose of Disbursement<br>Office Supplies  | Category/<br>Type  |   |
| Candidate Name  | Transaction ID : SB17.5043   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 335.95 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 96 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b> |   | Date of Disbursement   |
| Mailing Address 2301 N. Kings Hwy                                 |   | M M / D D / Y Y Y Y<br>02 / 28 / 2012  |
| City  | State                                   | Zip Code   |
| Myrtle Beach  | SC                                      | 29577  |
| Purpose of Disbursement<br>Office Supplies                        | Category/<br>Type                       |  |
| Candidate Name  | Amount of Each Disbursement this Period |  |
|   | 10.66                                   |  |
| Transaction ID : SB17.5044  |   |  |
| Office Sought:  | House                                   | Disbursement For: 2012   |
|   | Senate                                  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|   | President                               | <input type="checkbox"/> Other (specify)                                     |
| State:  | District:                               |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b> |   | Date of Disbursement   |
| Mailing Address 2301 N. Kings Hwy                                 |   | M M / D D / Y Y Y Y<br>03 / 09 / 2012  |
| City  | State                                   | Zip Code   |
| Myrtle Beach  | SC                                      | 29577  |
| Purpose of Disbursement<br>Office Supplies                        | Category/<br>Type                       |  |
| Candidate Name  | Amount of Each Disbursement this Period |  |
|   | 81.72                                   |  |
| Transaction ID : SB17.5045  |   |  |
| Office Sought:  | House                                   | Disbursement For: 2012   |
|   | Senate                                  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|   | President                               | <input type="checkbox"/> Other (specify)                                     |
| State:  | District:                               |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b> |   | Date of Disbursement   |
| Mailing Address 2301 N. Kings Hwy                                 |   | M M / D D / Y Y Y Y<br>03 / 13 / 2012  |
| City  | State                                   | Zip Code   |
| Myrtle Beach  | SC                                      | 29577  |
| Purpose of Disbursement<br>Office Supplies                        | Category/<br>Type                       |  |
| Candidate Name  | Amount of Each Disbursement this Period |  |
|   | 123.06                                  |  |
| Transaction ID : SB17.5046  |   |  |
| Office Sought:  | House                                   | Disbursement For: 2012   |
|   | Senate                                  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|   | President                               | <input type="checkbox"/> Other (specify)                                     |
| State:  | District:                               |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 215.44 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 97 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>80.64              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5047                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>135.13             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5048                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>207.07             |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5049                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 422.84 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 98 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 29 / 2012 |
| Mailing Address 2301 N. Kings Hwy   |  | Amount of Each Disbursement this Period<br>54.91              |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : SB17.5050                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Parkway Office Plaza, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 06 / 2012 |
| Mailing Address 1113 48th Ave. N  |  | Amount of Each Disbursement this Period<br>1200.00            |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Rent  | Transaction ID : SB17.5054                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Parkway Office Plaza, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2012 |
| Mailing Address 1113 48th Ave. N  |  | Amount of Each Disbursement this Period<br>1200.00            |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Zip Code<br>29577   | Purpose of Disbursement<br>Rent  | Transaction ID : SB17.5055                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2454.91 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 99 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Promoshade Inc.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2012                          |
| Mailing Address 10197 E. San Salvador Dr.  |   | Amount of Each Disbursement this Period<br>756.49<br><b>Transaction ID : SB17.5062</b> |
| City<br>Scottsdale   | State<br>AZ   |  |
| Zip Code<br>85258  | Purpose of Disbursement<br>Advertising:Tshirt/Bumper Stickers   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Public Opinion Strategies</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 06 / 2012                            |
| Mailing Address 214 N. Fayette St.   |   | Amount of Each Disbursement this Period<br>12000.00<br><b>Transaction ID : SB17.5064</b> |
| City<br>Alexandria   | State<br>VA   |  |
| Zip Code<br>22314  | Purpose of Disbursement<br>Polling  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. Albert Ted Quantz Jr.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2012                          |
| Mailing Address 394 Dune Oaks Drive  |   | Amount of Each Disbursement this Period<br>286.89<br><b>Transaction ID : SB17.4871</b> |
| City<br>Georgetown   | State<br>SC   |  |
| Zip Code<br>29440  | Purpose of Disbursement<br>In-kind - Event Catering   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 13043.38 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 100 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 05 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.29<br><b>Transaction ID : SB17.4918</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.28<br><b>Transaction ID : SB17.4919</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.29<br><b>Transaction ID : SB17.4920</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2049.86 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 101 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 20 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.29<br><b>Transaction ID : SB17.4921</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.28<br><b>Transaction ID : SB17.4922</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. James Lucas Rice</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012                          |
| Mailing Address 5100 N. Ocean Blvd.  |   | Amount of Each Disbursement this Period<br>683.29<br><b>Transaction ID : SB17.4923</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2049.86 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 102 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. TOM RICE</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 05 / 2012 |
| Mailing Address 5100 NORTH OCEAN BLVD   |  | Amount of Each Disbursement this Period<br>542.30             |
| City MYRTLE BEACH   | State SC Zip Code 29577  |   |
| Purpose of Disbursement<br>Travel   | Category/Type  | <b>Transaction ID : SB17.4908</b>                             |
| Candidate Name  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: SC District: 07  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. TOM RICE</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 18 / 2012 |
| Mailing Address 5100 NORTH OCEAN BLVD   |  | Amount of Each Disbursement this Period<br>1080.91            |
| City MYRTLE BEACH   | State SC Zip Code 29577  |   |
| Purpose of Disbursement<br>Travel   | Category/Type  | <b>Transaction ID : SB17.4909</b>                             |
| Candidate Name  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: SC District: 07  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. TOM RICE</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 30 / 2012 |
| Mailing Address 5100 NORTH OCEAN BLVD   |  | Amount of Each Disbursement this Period<br>390.25             |
| City MYRTLE BEACH   | State SC Zip Code 29577  |   |
| Purpose of Disbursement<br>Travel   | Category/Type  | <b>Transaction ID : SB17.4910</b>                             |
| Candidate Name  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: SC District: 07  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2013.46 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 103 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sign It</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 07 / 2012                          |
| Mailing Address 3193 C Highway 17 Bypass South   |  | Amount of Each Disbursement this Period<br>204.12<br><b>Transaction ID : SB17.5071</b> |
| City Myrtle Beach State SC Zip Code 29577  | Purpose of Disbursement Office Supplies  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sign It</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 14 / 2012                         |
| Mailing Address 3193 C Highway 17 Bypass South   |  | Amount of Each Disbursement this Period<br>22.68<br><b>Transaction ID : SB17.5072</b> |
| City Myrtle Beach State SC Zip Code 29577  | Purpose of Disbursement Office Supplies  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Deb Sofield</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2012                          |
| Mailing Address P.O. Box 5353  |  | Amount of Each Disbursement this Period<br>995.00<br><b>Transaction ID : SB17.4917</b> |
| City Greenville State SC Zip Code 29606  | Purpose of Disbursement Strategic Consulting   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1221.80 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 104 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| <b>A. SOUTH CAROLINA REPUBLICAN PARTY FEDERAL CAMPAIGN COMMITTEE</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. BOX 12373<br>City COLUMBIA State SC Zip Code 29211<br>Purpose of Disbursement Signage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 16 / 2012<br>Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.4895</b> |
|---|--|--|

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|--|--|--|
| <b>B. Page Spann</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 538 Fernwood Rd.<br>City Murrells Inlet State SC Zip Code 29576<br>Purpose of Disbursement In-kind - Event Catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2012<br>Amount of Each Disbursement this Period<br>1280.00<br><b>Transaction ID : SB17.4880</b> |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>C. Mr. John Springs</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 411 Rum Gully Road<br>City Murrells Inlet State SC Zip Code 29576<br>Purpose of Disbursement In-kind - Event Catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)<br>State: District: |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2012<br>Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB17.4882</b> |
|--|--|---|

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2780.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 105 OF 118                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Starboard Communications</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 16 / 2012                          |
| Mailing Address 1501-A Mercantile Place  |   | Amount of Each Disbursement this Period<br>251.36<br><b>Transaction ID : SB17.5073</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Direct Mail Production   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Starboard Communications</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012                           |
| Mailing Address 1501-A Mercantile Place  |   | Amount of Each Disbursement this Period<br>9817.51<br><b>Transaction ID : SB17.5074</b> |
| City<br>Myrtle Beach   | State<br>SC   |   |
| Zip Code<br>29577  | Purpose of Disbursement<br>Direct Mail Production   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Mace Group, LLC</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 13 / 2012                          |
| Mailing Address 108 North Norfolk Way  |   | Amount of Each Disbursement this Period<br>442.50<br><b>Transaction ID : SB17.5075</b> |
| City<br>Goose Creek  | State<br>SC   |  |
| Zip Code<br>29445  | Purpose of Disbursement<br>Web Services   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 10511.37 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 106 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Mace Group, LLC</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 15 / 2012 |  |
| Mailing Address 108 North Norfolk Way                                    |  |  | Amount of Each Disbursement this Period<br>2725.00            |  |
| City<br>Goose Creek  | State<br>SC  | Zip Code<br>29445  | Transaction ID : SB17.5076                                    |  |
| Purpose of Disbursement<br>Web Services                                  |  | Category/<br>Type  |   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|   |  |  |   |  |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thread Logic</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2012 |  |
| Mailing Address 18190 Diary Lane Suite 204                        |  |  | Amount of Each Disbursement this Period<br>544.10             |  |
| City<br>Jordan  | State<br>MN  | Zip Code<br>55352  | Transaction ID : SB17.5078                                    |  |
| Purpose of Disbursement<br>Advertising:Tshirt/Bumper Stickers     |  | Category/<br>Type  |   |  |
| Candidate Name  |  |  |   |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:  | District:  |  |   |  |

|   |  |  |   |  |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Thread Logic</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2012 |  |
| Mailing Address 18190 Diary Lane Suite 204                        |  |  | Amount of Each Disbursement this Period<br>499.00             |  |
| City<br>Jordan  | State<br>MN  | Zip Code<br>55352  | Transaction ID : SB17.5079                                    |  |
| Purpose of Disbursement<br>Advertising:Tshirt/Bumper Stickers     |  | Category/<br>Type  |   |  |
| Candidate Name  |  |  |   |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:  | District:  |  |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3768.10 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 107 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Transfirst</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 07 / 2012                         |
| Mailing Address 12202 Airport Way, Ste. 100  |  | Amount of Each Disbursement this Period<br>36.55<br><b>Transaction ID : SB17.5080</b> |
| City Broomfield State CO Zip Code 80021  | Purpose of Disbursement Merchant Fees  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Transfirst</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 29 / 2012                         |
| Mailing Address 12202 Airport Way, Ste. 100  |  | Amount of Each Disbursement this Period<br>43.32<br><b>Transaction ID : SB17.5081</b> |
| City Broomfield State CO Zip Code 80021  | Purpose of Disbursement Merchant Fees  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Travis Worthy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012                          |
| Mailing Address PO Box 14231   |  | Amount of Each Disbursement this Period<br>557.83<br><b>Transaction ID : SB17.5083</b> |
| City Surfside Beach State SC Zip Code 29587  | Purpose of Disbursement Salary   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 637.70 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 108 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Travis Worthy</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 09 / 2012 |
| Mailing Address PO Box 14231  |  | Amount of Each Disbursement this Period<br>41.07         |
| City<br>Surfside Beach  | State<br>SC  |  |
| Zip Code<br>29587   | Purpose of Disbursement<br>Mileage   | Transaction ID : SB17.5084                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Travis Worthy</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2012 |
| Mailing Address PO Box 14231  |  | Amount of Each Disbursement this Period<br>23.87         |
| City<br>Surfside Beach  | State<br>SC  |  |
| Zip Code<br>29587   | Purpose of Disbursement<br>Mileage   | Transaction ID : SB17.5085                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Travis Worthy</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 20 / 2012 |
| Mailing Address PO Box 14231  |  | Amount of Each Disbursement this Period<br>70.77         |
| City<br>Surfside Beach  | State<br>SC  |  |
| Zip Code<br>29587   | Purpose of Disbursement<br>Salary  | Transaction ID : SB17.5086                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 135.71 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 109 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Travis Worthy</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012                          |
| Mailing Address PO Box 14231   |   | Amount of Each Disbursement this Period<br>494.37<br><b>Transaction ID : SB17.5087</b> |
| City<br>Surfside Beach   | State<br>SC   |  |
| Zip Code<br>29587  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Travis Worthy</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012                          |
| Mailing Address PO Box 14231   |   | Amount of Each Disbursement this Period<br>800.78<br><b>Transaction ID : SB17.5088</b> |
| City<br>Surfside Beach   | State<br>SC   |  |
| Zip Code<br>29587  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Tyson Grinstead</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2012                           |
| Mailing Address 6239 Hoagie Creek Ln.  |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.5090</b> |
| City<br>Snow Camp  | State<br>NC   |   |
| Zip Code<br>27349  | Purpose of Disbursement<br>Salary   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2295.15 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 110 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Post Office</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2012                          |
| Mailing Address MB Main PO   |   | Amount of Each Disbursement this Period<br>528.00<br><b>Transaction ID : SB17.5092</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Direct Mail Postage  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United States Post Office</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 28 / 2012                         |
| Mailing Address MB Main PO   |   | Amount of Each Disbursement this Period<br>46.00<br><b>Transaction ID : SB17.5093</b> |
| City<br>Myrtle Beach   | State<br>SC   |   |
| Zip Code<br>29577  | Purpose of Disbursement<br>Direct Mail Postage  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. United States Post Office</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012                          |
| Mailing Address MB Main PO   |   | Amount of Each Disbursement this Period<br>180.00<br><b>Transaction ID : SB17.5094</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Direct Mail Postage  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 754.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 111 OF 118 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Post Office</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2012                          |
| Mailing Address MB Main PO   |   | Amount of Each Disbursement this Period<br>135.00<br><b>Transaction ID : SB17.5095</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29577  | Purpose of Disbursement<br>Postage  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Russell Vereen</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2012                           |
| Mailing Address PO Box 303   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.4867</b> |
| City<br>Murrells Inlet   | State<br>SC   |   |
| Zip Code<br>29576  | Purpose of Disbursement<br>In-kind - Event Catering   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Victors Bistro &amp; Garden Room</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 19 / 2012                          |
| Mailing Address 1247 S. Irby St.   |   | Amount of Each Disbursement this Period<br>660.00<br><b>Transaction ID : SB17.5097</b> |
| City<br>Florence   | State<br>SC   |  |
| Zip Code<br>29505  | Purpose of Disbursement<br>Event Site Rental  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1795.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 112 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Victors Bistro &amp; Garden Room</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2012     |
| Mailing Address 1247 S. Irby St.  |  | Amount of Each Disbursement this Period<br>4,567,890.12<br>179.20 |
| City<br>Florence  | State<br>SC  |   |
| Zip Code<br>29505   | Purpose of Disbursement<br>Event Site Rental   | Transaction ID : SB17.5098  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Vonage</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 06 / 2012     |
| Mailing Address 23 Main St.   |  | Amount of Each Disbursement this Period<br>4,567,890.12<br>130.99 |
| City<br>Holmdel   | State<br>NJ  |   |
| Zip Code<br>07733   | Purpose of Disbursement<br>Telephone   | Transaction ID : SB17.5103  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Vonage</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012     |
| Mailing Address 23 Main St.   |  | Amount of Each Disbursement this Period<br>4,567,890.12<br>130.99 |
| City<br>Holmdel   | State<br>NJ  |   |
| Zip Code<br>07733   | Purpose of Disbursement<br>Telephone   | Transaction ID : SB17.5104  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 441.18 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 113 OF 118                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Wal Mart</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2012                          |
| Mailing Address 10820 Kings Rd.   |  | Amount of Each Disbursement this Period<br>643.68<br><b>Transaction ID : SB17.5106</b> |
| City<br>Myrtle Beach  | State<br>SC  |  |
| Purpose of Disbursement<br>Equipment Purchase   | Category/<br>Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jennifer L. Wilson</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 05 / 2012                          |
| Mailing Address 137 N. Gate Rd.   |  | Amount of Each Disbursement this Period<br>755.63<br><b>Transaction ID : SB17.4926</b> |
| City<br>Myrtle Beach  | State<br>SC  |  |
| Purpose of Disbursement<br>Salary   | Category/<br>Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer L. Wilson</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2012                           |
| Mailing Address 137 N. Gate Rd.   |  | Amount of Each Disbursement this Period<br>1004.57<br><b>Transaction ID : SB17.4927</b> |
| City<br>Myrtle Beach  | State<br>SC  |   |
| Purpose of Disbursement<br>Salary   | Category/<br>Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2403.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 114 OF 118                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jennifer L. Wilson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2012                          |
| Mailing Address 137 N. Gate Rd.  |   | Amount of Each Disbursement this Period<br>661.97<br><b>Transaction ID : SB17.4928</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29572  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jennifer L. Wilson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 20 / 2012                          |
| Mailing Address 137 N. Gate Rd.  |   | Amount of Each Disbursement this Period<br>833.68<br><b>Transaction ID : SB17.4929</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29572  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer L. Wilson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2012                          |
| Mailing Address 137 N. Gate Rd.  |   | Amount of Each Disbursement this Period<br>771.24<br><b>Transaction ID : SB17.4930</b> |
| City<br>Myrtle Beach   | State<br>SC   |  |
| Zip Code<br>29572  | Purpose of Disbursement<br>Salary   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2266.89 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 115 OF 118                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jennifer L. Wilson</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012                          |
| Mailing Address 137 N. Gate Rd.   |                         | Amount of Each Disbursement this Period<br>919.48<br><b>Transaction ID : SB17.4931</b> |
| City Myrtle Beach   | State SC Zip Code 29572 |  |
| Purpose of Disbursement<br>Salary   | Candidate Name          | Category/Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                         |  |
| State: District:  |                         |  |

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

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 919.48   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 82952.65 |

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 116 OF 118                                |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MB Lodging PAC</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2012                            |
| Mailing Address PO Box 8082  |                         | Amount of Each Disbursement this Period<br>1500.00<br><b>Transaction ID : SB20C.4894</b> |
| City Myrtle Beach  | State SC Zip Code 29571 |  |
| Purpose of Disbursement Refund   | Candidate Name          | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   |                         |  |

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

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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1500.00 |

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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 117 OF 118                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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

|  |  |   |  |
|--|--|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>SOUTH CAROLINA REPUBLICAN PARTY FEDERAL CAMPAIGN COMMITTEE  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2012 |  |
| Mailing Address P.O. BOX 12373   |  | Amount of Each Disbursement this Period<br>3480.00            |  |
| City COLUMBIA State SC Zip Code 29211  | Purpose of Disbursement<br>TRANSFER  | Transaction ID : SB21.4891                                    |  |
| Candidate Name   |  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State: District:   | Category/<br>Type<br>008   |   |  |

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

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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3480.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 3480.00 |

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4834

**TOM RICE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**TOM RICE**

Primary

General

Other (specify) ▼

Mailing Address

5100 NORTH OCEAN BLVD

City

State

ZIP Code

MYRTLE BEACH

SC

29577

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

### TERMS

Date Incurred

M 03 / D 31 / Y 2012

Date Due

M / D / Y On Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

50000.00

**TOTALS** This Period (last page in this line only)..... ▶

50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.