

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

TOM RICE FOR CONGRESS

ADDRESS (number and street)

PO Box 70098

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29572-0020

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506048

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

SC

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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 / 11

D D / 08

Y Y Y Y / 2016

in the State of

SC

5. Covering Period

M M / 10

D D / 20

Y Y Y Y / 2016

through

M M / 11

D D / 28

Y Y Y Y / 2016

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

Lisker, Lisa, , ,

Type or Print Name of Treasurer

Lisker, Lisa, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / 12

D D / 08

Y Y Y Y / 2016

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM RICE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	47900.00	1105045.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47900.00	1099645.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	81628.90	641003.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.87	1873.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81628.03	639130.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	538618.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

TOM RICE FOR CONGRESS

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 08 / 2016 (date of general election)	COLUMN C Total for 11 / 09 / 2016 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
12250.00	416600.00	0.00
(ii) Unitemized		
650.00	17195.07	0.00
(iii) Total of contributions from individuals		
12900.00	433795.07	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
35000.00	671250.00	5000.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 36

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
47900.00	1105045.07	5000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.87	1873.32	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
47900.87	1106918.39	5000.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 36

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="81628.90"/>	<input type="text" value="641003.38"/>	<input type="text" value="40846.49"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="24000.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="24000.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="5400.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 36

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	5400.00	0.00
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21. OTHER DISBURSEMENTS

1250.00	305378.00	1150.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

82878.90	975781.38	41996.49
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

47900.00	1099645.07	5000.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

81628.03	639130.06	40846.49
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	573596.17
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	47900.87
25. SUBTOTAL (add Line 23 and Line 24).....	621497.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82878.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	538618.14

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

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

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stevens, Delan, , ,
Mailing Address 5131 Highway 19
City Conway State SC Zip Code 29526-6037
FEC ID number of contributing federal political committee. **C**
Name of Employer Peoples Underwriters Inc. Occupation Executive Vice President
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 31 2016
Transaction ID : **A70143ADCA306408894C**
Amount of Each Receipt this Period
750.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Stanley, Stacy, , ,
Mailing Address 710 Sweetbriar Ln
City Conway State SC Zip Code 29526-4013
FEC ID number of contributing federal political committee. **C**
Name of Employer Stanley Law Firm Occupation Attorney
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 04 2016
Transaction ID : **AA260A440EC104B37B96**
Amount of Each Receipt this Period
1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Jory, David, , ,
Mailing Address 499 South Capitol St SW
City Washington State DC Zip Code 20003-4013
FEC ID number of contributing federal political committee. **C**
Name of Employer Capitol Hill Consulting Occupation Consultant
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 04 2016
Transaction ID : **A6968C39789D943B9A8B**
Amount of Each Receipt this Period
1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Griffith, G. Lance, , ,

Mailing Address 10 Gillette Place

City Murrells Inlet	State SC	Zip Code 29576-5238
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHD Interiors	Occupation Owner
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2016

Transaction ID : A1230C52334CD4CF5943

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Rogers, Robert, S., , III

Mailing Address 102 Bomar Gardens St

City Cheraw	State SC	Zip Code 29520-1719
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FEC ID number of contributing federal political committee. **C**

Name of Employer Palmetto Brick Company	Occupation President
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2016

Transaction ID : AD8C4F8BAEA2048BD84C

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lemay, Ann, Britain, Mrs.,

Mailing Address 4703 N Ocean Blvd

City Myrtle Beach	State SC	Zip Code 29577-2548
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Hotel Operator
-----------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

Transaction ID : ADDC1AA912D574CFA886

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3250.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fitzpatrick, Peter, J.,

Mailing Address P O Box 410

City Myrtle Beach	State SC	Zip Code 29578-0410
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Accountant
-----------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : AC74DB57538424B5DA81

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lemay, Rickie, G., Mr.,

Mailing Address 4703 N Ocean Blvd.

City Myrtle Beach	State SC	Zip Code 29577-2548
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Accountant
--------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

Transaction ID : A41AD12354B274A588CF

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 4012 Ethan Thomas Drive

City Clinton	State MD	Zip Code 20735-4420
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FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Hill Consulting Group	Occupation Lobbyist
---	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : A75EF5E88AF4A4BA5A84

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 36
(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)
Bennett, Robert, , , Jr.

Mailing Address 219 3rd St

City Cheraw State SC Zip Code 29520-2601

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

Name of Employer Bennett Motors Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 26 2016

Transaction ID : **AC79DE3608AFA4A85A80**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Young, Desmond, , Dr.,

Mailing Address 4057 Highway 17

City Murrells Inlet State SC Zip Code 29576-5032

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

Name of Employer Self Employed Occupation Pulmonary Medicine

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 26 2016

Transaction ID : **A8AE66D42AE864A1AB55**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 2990

City Murrells Inlet State SC Zip Code 29576-2667

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 26 2016

Transaction ID : **A2BB71320EE9F4781986**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Martin, John, W., , III

Mailing Address 10 Old Ferry Cv

City Beaufort	State SC	Zip Code 29907-1220
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2016

Transaction ID : A3519592C89954E51AF1

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 333 Bennett St

City Mount Pleasant	State SC	Zip Code 29464-5349
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Artist
-----------------------------	----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Transaction ID : AE96C9B1C03B24D569A0

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1250.00
TOTAL This Period (last page this line number only)..... ▶	12250.00

**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 36	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address PO Box 764

City Columbia	State SC	Zip Code 29202-0764
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FEC ID number of contributing federal political committee. **C** C00200907

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : ACC798E5AE94A44EBB9D

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address Post Office Box 18254

City Washington	State DC	Zip Code 20036-8254
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FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID : A836C200D4D1E4A9FB04

Amount of Each Receipt this Period
2500.00

Memo Item
Redesignation Requested

C. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2202 N. WESTSHORE BLVD.
5TH FLOOR

City TAMPA	State FL	Zip Code 33607
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FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2016

Transaction ID : A564DBF178D994B6F97C

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Branch Banking & Trust Company PAC

Mailing Address PO Box 1290

City Winston Salem	State NC	Zip Code 27102-1290
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FEC ID number of contributing federal political committee. **C** C00075291

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2016

Transaction ID : AC32FCDC880F34491A61

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Association Orthodontist PAC

Mailing Address 401 N Lindbergh Blvd

City Saint Louis	State MO	Zip Code 63141-7839
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FEC ID number of contributing federal political committee. **C** C00293910

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : A84276CB9C8D24B01A94

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom DRive
Suite 1100

City Reston	State VA	Zip Code 20190-5634
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FEC ID number of contributing federal political committee. **C** C00447565

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2016

Transaction ID : A78F3B79B92454583B57

Amount of Each Receipt this Period
1000.00

Memo Item
Redesignation Requested

SUBTOTAL of Receipts This Page (optional)..... ▶	7000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Political Action Committee of the AAOS

Mailing Address 317 Massachusetts Ave NE

City Washington	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343137

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : A4D1A03566FFA47D9B11

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MAKING AMERICA PROSPEROUS PAC

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00445379

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : A6D54CC0B4D3A44669C6

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (TRSAPAC)

Mailing Address 1800 DIAGONAL ROAD SUITE 200

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00279828

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : A5320767B9D914585BB2

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION PAC

Mailing Address 403 E Capitol St SE

City Washington	State DC	Zip Code 20003-3810
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034132

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : AE6FF5DD308E14847A93

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC

Mailing Address 2055 L St NW
Suite 700

City Washington	State DC	Zip Code 20036-4985
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00003764

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : A36060A4D5A784E07B6C

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom DRive
Suite 1100

City Reston	State VA	Zip Code 20190-5634
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00447565

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2016

Transaction ID : A3244AA0AACF74E87AF1

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 36	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2202 N. WESTSHORE BLVD.
5TH FLOOR

City TAMPA	State FL	Zip Code 33607
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00253153

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : AB1B6A9CF70344484BE2

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address 469 Hospital Dr
Suite C

City Gastonia	State NC	Zip Code 28054-4779
------------------	-------------	------------------------

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID : AD4CD67868D764F1794B

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMPANY, INC. PAC

Mailing Address 42 INVERNESS CENTER

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00250407

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : A42BB078252294686922

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6500.00
TOTAL This Period (last page this line number only)..... ▶	35000.00

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address 605 19th Ave N		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 804.43	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA96ED4C0B02042F1A1D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Boehm, Cassie, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 227.83	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B61E0B247BDE44575BF0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Davis, Terra, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1175.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : B4525CFCDE374444E9D6
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2207.73
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wyeth, Tyler, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1107 48th Avenue N. Suite 310A			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-5443	Amount of Each Disbursement this Period 1123.88	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : BB1FD36572ECE4D20BD7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 605 19th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3103	Amount of Each Disbursement this Period 35.49	
Purpose of Disbursement Payroll Service		Category/ Type	Transaction ID : B1C79475CC1B34AF8A9D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) c. Accident Fund			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2016	
Mailing Address PO Box 77000, Dept. 77125			FEC Identification Number C	
City Detroit	State MI	Zip Code 48277-2000	Amount of Each Disbursement this Period 608.00	
Purpose of Disbursement Insurance		Category/ Type	Transaction ID : B7E5D79BBBF94BA3A4C	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1767.37
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winfrey & Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016	
Mailing Address 228 S Washington St Ste B7			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314-5408	Amount of Each Disbursement this Period 16270.57	
Purpose of Disbursement Fundraising Consulting/Event Catering		Category/ Type	Transaction ID : BEAE3E261CB9141A68FA	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. Replege, Stephen, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016	
Mailing Address 1409 Lawrence Street NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20017-2912	Amount of Each Disbursement this Period 577.25	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BC AAB2E91CE5F4325A21	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) C. PNC Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2016	
Mailing Address One PNC Plaza			FEC Identification Number C	
City Pittsburgh	State PA	Zip Code 15222	Amount of Each Disbursement this Period 3.00	
Purpose of Disbursement Bank Fee		Category/ Type	Transaction ID : B568710484FA944CF910	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	16850.82
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Morning News		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2016
Mailing Address 310 S Dargan St		FEC Identification Number C
City Florence	State SC	Zip Code 29506-2537
Purpose of Disbursement Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1191.19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Transaction ID : B83BBCA84A6FF4196A2C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address PO Box 84314		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70884-4314
Purpose of Disbursement CC Processing Fees	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 112.65	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other	Transaction ID : B319FE1A1FE2A4D4C826
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. North Myrtle Beach Times		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address 203 N Kings Hwy		FEC Identification Number C
City North Myrtle Beach	State SC	Zip Code 29582
Purpose of Disbursement Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 572.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Transaction ID : B29721DA2392F4F0EB41
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1875.84
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address 605 19th Ave N		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1477.80	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDF30A999878146D58FD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Boehm, Cassie, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 227.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB3542B4FAB2C48FEBA4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wyeth, Tyler, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address 1107 48th Avenue N. Suite 310A		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-5443
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2484.43	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : B3C720C2869E347C3871
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4190.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Davis, Terra, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016	
Mailing Address PO Box 70098			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-0020	Amount of Each Disbursement this Period 1175.47	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : B92854D03295C42EC9B9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016	
Mailing Address 605 19th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3103	Amount of Each Disbursement this Period 35.49	
Purpose of Disbursement Payroll Service		Category/ Type	Transaction ID : B1007D6B5E9F04A9C8A8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) c. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016	
Mailing Address 605 19th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3103	Amount of Each Disbursement this Period 1143.54	
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : B8F9B35C87E224D0EA74	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2354.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Davis, Terra, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016	
Mailing Address PO Box 70098			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-0020	Amount of Each Disbursement this Period 1175.47	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : B089153912DB04529BF7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. Boehm, Cassie, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016	
Mailing Address PO Box 70098			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-0020	Amount of Each Disbursement this Period 227.83	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : B6C373C607D774E8D9B9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) C. Martin, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016	
Mailing Address PO Box 960			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29578-0960	Amount of Each Disbursement this Period 1031.98	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : BEA57C45C46A84590B86	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2435.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wyeth, Tyler, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016	
Mailing Address 1107 48th Avenue N. Suite 310A			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-5443	Amount of Each Disbursement this Period 1519.53	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : B9890531DA2B442FD863	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. Citi Card			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address PO Box 9001037			FEC Identification Number C	
City Louisville	State KY	Zip Code 40290-1037	Amount of Each Disbursement this Period 36847.32	
Purpose of Disbursement Credit Card Payment--See Memos		Category/ Type	Transaction ID : B4B5B1C8BE08F4159BEB	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) c. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 1043 Barr Rd			FEC Identification Number C	
City Lexington	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 12443.28	
Purpose of Disbursement Media Buy		Category/ Type	Transaction ID : BF001ADFCEBBD4FA0BC5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	38366.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 1601 Willow Rd			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 580.07	
Purpose of Disbursement Online Advertising		Category/ Type	Transaction ID : B0DE9A510B9264120BB2	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Wal Mart			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 10820 Kings Rd			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572-6070	Amount of Each Disbursement this Period 217.94	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : B3A04FDD6F9D4442F8CB	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Waccamaw Publishers			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 2510 Main Street			FEC Identification Number C	
City Conway	State SC	Zip Code 29526-3365	Amount of Each Disbursement this Period 1742.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : B36EF30295BD94CE58E1	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marlboro Publisng C			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 300 Fayetteville Ave			FEC Identification Number C	
City Bennettsville	State SC	Zip Code 29512-4024	Amount of Each Disbursement this Period 690.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : B0F79E20348CF4D89ACO	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Cool Ideas Marketing			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 1229 38th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-1313	Amount of Each Disbursement this Period 925.08	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : BA6B720900D6F4FF4881	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Caribbean Resort			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 3000 N Ocean Blvd			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3046	Amount of Each Disbursement this Period 399.02	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : BFF80209C8FBE4D1A90B	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Dillon Herald			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address PO Box 1288			FEC Identification Number C	
City Dillon	State SC	Zip Code 29536-1288	Amount of Each Disbursement this Period 388.99	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : BF0211E371F3A46A1BA5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Crave			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 7101 Democracy Blvd			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20817-1018	Amount of Each Disbursement this Period 270.63	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BC643042993704B2B9D5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. The Wine Factory			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 165 2nd St			FEC Identification Number C	
City Cheraw	State SC	Zip Code 29520-2729	Amount of Each Disbursement this Period 840.00	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BBDB34DA97ACE4A2FAC4	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Georgetown Times			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 615 Front Street			FEC Identification Number C	
City Georgetown	State SC	Zip Code 29440-3623	Amount of Each Disbursement this Period 1602.10	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : B148FD7CFBE9D48269FD	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. In News and Press Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 117 S Main Street			FEC Identification Number C	
City Darlington	State SC	Zip Code 29532-3207	Amount of Each Disbursement this Period 496.08	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : BA084A60E356A46979FC	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Moe's			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 900 Houston Northcutt Blvd			FEC Identification Number C	
City Mount Pleasant	State SC	Zip Code 29464-3770	Amount of Each Disbursement this Period 1224.00	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : B3E1CF1A820594D9F917	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Conway Rental Center			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 1313 4th Ave			FEC Identification Number C	
City Conway	State SC	Zip Code 29526-5017	Amount of Each Disbursement this Period 271.35	
Purpose of Disbursement Event Equipment Rental		Category/Type	Transaction ID : B09280A31ECCA4E5FB3B	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Coastal Observer			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address PO Box 1170			FEC Identification Number C	
City Pawleys Island	State SC	Zip Code 29585-1170	Amount of Each Disbursement this Period 531.54	
Purpose of Disbursement Advertising		Category/Type	Transaction ID : BC89A46F686D54AD6B69	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. The Sun News			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address PO Box 406			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29578-0406	Amount of Each Disbursement this Period 7018.58	
Purpose of Disbursement Media Buy		Category/Type	Transaction ID : B0EE5576FABB341C9BD8	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Pee Dee			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 541 Highway 1 S			FEC Identification Number C	
City Cheraw	State SC	Zip Code 29520-3811	Amount of Each Disbursement this Period 678.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : B027596B3AD934561962	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Iheart Media			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address 200 E Basse Rd			FEC Identification Number C	
City San Antonio	State TX	Zip Code 78209-4489	Amount of Each Disbursement this Period 4268.70	
Purpose of Disbursement Media Buy		Category/ Type	Transaction ID : B5351E91B3F83453DA61	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Citi Card			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address PO Box 9001037			FEC Identification Number C	
City Louisville	State KY	Zip Code 40290-1037	Amount of Each Disbursement this Period 11533.58	
Purpose of Disbursement Credit Card Payment--See Memos		Category/ Type	Transaction ID : BFBB63C83A9DF4C0685A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	11533.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016
Mailing Address 2512 Virginia Ave NW		FEC Identification Number C
City Washington	State DC	Zip Code 20037-9997
Purpose of Disbursement Postage	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 550.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5C8B958620A747689A4
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016
Mailing Address 182 Howard St. #8		FEC Identification Number C
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 89.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B22752FCD5DB54E70846
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Bagsandbowsonline.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016
Mailing Address 236 Spring St., NW		FEC Identification Number C
City Atlanta	State GA	Zip Code 30303-1004
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 273.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAD9422621AB84132B70
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lowe's			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 1160 Seaboard St			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-6517	Amount of Each Disbursement this Period 1364.27	
Purpose of Disbursement Signage		Category/ Type	Transaction ID : B5821715F69DC4B768A5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Green's Discount Beer & Wine			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 2850 N Kings Hwy			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3014	Amount of Each Disbursement this Period 2151.15	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : B1D169236176D484E901	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 300 1st St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 187.28	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : B6075BDE90AD344B887B	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Crave			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 7101 Democracy Blvd			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20817-1018	Amount of Each Disbursement this Period 170.07	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BE9972A097E9445BFA22	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 4333 Amon Carter Blvd			FEC Identification Number C	
City Fort Worth	State TX	Zip Code 76155-2605	Amount of Each Disbursement this Period 766.67	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B88A275FC2AEB4731974	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Cool Ideas Marketing			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 1229 38th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-1313	Amount of Each Disbursement this Period 523.04	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : B3BA1D3EDCB984EFCA45	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address 1043 Barr Rd			FEC Identification Number C	
City Lexington	State SC	Zip Code 29072-8648	Amount of Each Disbursement this Period 565.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : B4CBB476A0A247A992A	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Sonoma			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address 233 Pennsylvania Ave SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1121	Amount of Each Disbursement this Period 839.30	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : BA734D416F6B9449BB8	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Capital Grille			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address 601 Pennsylvania Ave SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-4303	Amount of Each Disbursement this Period 255.10	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : B92D1B86447304480822	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Discount Mugs			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address 12610 NW 115th Ave.			FEC Identification Number C	
City Medley	State FL	Zip Code 33178-3178	Amount of Each Disbursement this Period 727.43	
Purpose of Disbursement Printing		Category/Type	Transaction ID : B4FB152B4A0C9476D8FC	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item	
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Casablanca Cafe			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address Myrtle Beach Mall, 10177 N Kings H			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29572	Amount of Each Disbursement this Period 2379.00	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B18B2AD565A054B26992	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item	
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. LA Chaumiere			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016	
Mailing Address 2813 M St., NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20007-3712	Amount of Each Disbursement this Period 343.82	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B3659548329584B9A975	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item	
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	81582.04

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marion County Recovery Fund			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016	
Mailing Address P.O. Box 183			FEC Identification Number C	
City Marion	State SC	Zip Code 29571-0183	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Charitable Contribution		Category/ Type	Transaction ID : BBD55236AABAA483B802	
Candidate Name		Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00