Image# 14941274837 PAGE 1/5

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

Transaction ID : 6E636C1F6EC794EF/ Occupation President B. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. John Molnar 23 South Gate Road Myrtle Beach C. FULL NAME, MAILING ADDRESS AND ZIP CODE LOuise K Lewis 1023 Waterway Ln Transaction ID : 67100645FDDE7419E D. FULL NAME, MAILING ADDRESS AND ZIP CODE Tracy Durant 1427 Jasmin Ln Transaction ID : 697C7CF37BAF6431 Occupation Physican D. FULL NAME, MAILING ADDRESS AND ZIP CODE Transaction ID : 67100645FDDE7419E D. FULL NAME, MAILING ADDRESS AND ZIP CODE Tracy Durant Murrells Inlet SC 29576-5896 Transaction ID : 607C7CF37BAF6431 Occupation Insurance Sales Name of Employer Date (month, day, year) Discoupation Insurance Sales Name of Employer Date (month, day, year) Discoupation Insurance Sales Name of Employer Retired Date (month, day, year) Discoupation Discoupat							
Solid 310-A SC 29577 Solid 310-A							
Myrtle Beach SC 29577	ADDRESS (number and street)	,					
2. NAME OF CANDIDATE TO M Rice 3. OFFICE SOUGHT (State and District) To M Rice 4. FEC IDENTIFICATION NUMBER C00506048 4. FEC IDENTIFICATION NUMBER C00506048 4. FEC IDENTIFICATION NUMBER C005060648 5. IS THIS AN AMENDMENT? No. THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND 2IP CODE Glenn Hall 4004 Gray Heron Dr. North Myrtle Beach SC 29582-9547 Transaction ID : 6E636C1F6EC794EF, Occupation President Carolina Health Specialists 5. IS THIS AN AMENDMENT? Name of Employer Carolina Health Specialists Transaction ID : 6D4C9DDB2A674AE Occupation Physician Transaction ID : 6D4C9DDB2A674AE Occupation Physician Transaction ID : 6D4C9DDB2A674AE Occupation Physician Transaction ID : 67100645FDDE7419E Occupation Physician Transaction ID : 67100645FDDE7419E Occupation Retired D. FULL NAME, MAILING ADDRESS AND ZIP CODE Transaction ID : 6D7C7CF37BAF6431 Occupation Retired Transaction ID : 6D7C7CF37BAF6431 Occupation Insurance Sales Name of Employer Date (month, day, year) Date (month, day, year) Amount day, year) Amount day, year) Occupation Retired Transaction ID : 6D7C7CF37BAF6431 Occupation Insurance Sales Name of Employer Amount Date (month, day, year) Amount day, year) Occupation Insurance Sales Name of Employer Amount Amoun	CITY, STATE, and ZIP CODE						
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Retired	C. FULL NAME, MAILING ADDRESS	AND ZIP CODE		Name of Employer			Amount
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1191 Elk Valley Dr Transaction ID : 6C045D0DF9B454183 Occupation Occupation	Sarah Lewis			Retired		, , ,	
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Evergroop CO 90/30 /02/					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Retired Retired	Evergreen	CO	80439-4924	Retired			
SIGNATURE (optional) DATE For further information contact:				+		For further	information contact:
J. Wakefield 05/29/2014 Federal Election Commission [Electronically Filed] 999 E Street, NW, Washington, DC 20463	J. Wakefield			[Flactronically File 1]	05/29/2014	Federal E	lection Commission
Toll Free 800-424-9530, Local 202-694-110				[Licenomeany Fuea]			

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



Image# 14941274838 PAGE 2 / 5

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRES	SS			
ADDRESS (number and street) 1107 48th Ave.,			-	
Suite 310-A	IV.			
CITY, STATE, and ZIP CODE			·	
Myrtle Beach		SC 29577	continuation	n page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATIO	N NUMBER
Tom Rice			C00506048	
5. IS THIS AN AMENDMENT? NO, THIS IS A	NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Peter J Fitzpatrick		Self Employed	day, year)	
·			05/28/2014	1000.00
4728 Jenn Dr				
Ste 100		Transaction ID: 69FBD551081E44685	5959	
Myrtle Beach	SC 29577-5714	Accountant		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
COL Bob Bell		Retired	day, year)	
002 000 0011			05/28/2014	1000.00
9002 Kings Rd				
		Transaction ID: 6605BD5E60EB2440	1B16	
Myrtle Beach	SC 29572-4726	Occupation		
		Retired	D. ()	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Sarah Lewis		Retired	0= (00 /00 / /	
1191 Elk Valley Dr			05/28/2014	2400.00
2		Transaction ID : 6076BCA4A5ABD4E	D1 A A	
		Occupation		
Evergreen	CO 80439-4924	Retired		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
S. Derrick Mozingo Jr.		Mozingo & Associates	day, year)	
			05/28/2014	1000.00
304 Pine Needle Dr		Transaction ID: 64B03F851425E4172	DODD.	
		Occupation	- -	
Myrtle Beach	SC 29572-4743	Architect		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Louise K Lewis		Retired	day, year)	
Eddiod IX Edwid			05/28/2014	2350.00
1023 Waterway Ln			355.20	2555.50
		Transaction ID: 69D4CB9C8605D4C8	80865	
Myrtle Beach	SC 29572-5736	Occupation		
,	55 =50.2 5.00	Retired		



Image# 14941274839 PAGE 3 / 5

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRES	 S]	
ADDRESS (number and street) 1107 48th Ave., I			-	
Suite 310-A				
CITY, STATE, and ZIP CODE				2 2000
Myrtle Beach		SC 29577	continuation	i page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
Tom Rice			C00506048	
5. IS THIS AN AMENDMENT? NO, THIS IS A N	NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Nancy Jarrett		Self Employed	day, year)	
,			05/28/2014	1000.00
9403 Kings Rd				
		Transaction ID : 648ECA81F1A1641C	5AA5	
Myrtle Beach	SC 29572-4735	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Surgeon	Date (month,	Amount
•		Name of Employer	day, year)	Amount
Hogan Lovells PAC			05/00/0044	4000.00
555 13th Street NW			05/28/2014	1000.00
333 Total Guest IVV		Transaction ID: 64318FF0C878545A0	2862	
		Occupation		
Washington	DC 20004-1109	·		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Wells Fargo & Co. Employees	s PAC		day, year)	
3 1 7			05/28/2014	1000.00
Wells Fargo Ctr Mac N9305-084				
Sixth & Marquette		Transaction ID: 61B99184EFF1F415E	3987	
Minneapolis	MN 55479-0001	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	1/114 00 11 0 000 1	Name of Employee	Date (month,	Amount
,		Name of Employer	day, year)	Amount
William M Rosenthal		Visibility & Conversions, LLC	05/00/0044	0.400.00
538 Carolina Farms Blvd			05/29/2014	2400.00
555 Gardinia i annie 2114		Transaction ID : 657B132785B134116	6A8E	
		Occupation		
Myrtle Beach	SC 29579-3328	Owner		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Mr. Timothy M. Tilley		Envirosep	day, year)	
•			05/29/2014	2600.00
86 Ballard Pl				
		Transaction ID: 6EA626CC789B548D	7ACE	
Georgetown	SC 29440-6856	Occupation		
	22 20 2000	President		



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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRES	20			
ADDRESS (number and street) 1107 48th Ave., Suite 310-A	N.			
CITY, STATE, and ZIP CODE				
Myrtle Beach		SC 29577	continuatio	n page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATIO	N NUMBER
Tom Rice			C00506048	
5. ISTHIS AN AMENDMENT? NO, THIS IS A	NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
David C Stradinger		Dock Street Communities	day, year)	
3			05/29/2014	1600.00
5310 North Ocean Boulevard				
		Transaction ID: 6DA6F62B480364B9	3A04	
Myrtle Beach	SC 29577-2531	Developer		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Steve M. Jordan		Coastal Distribution	day, year)	
Steve IVI. Gordan		Coustal Distribution	05/29/2014	1900.00
3725 Willow Springs Rd				
		Transaction ID: 62FD31381D9104DC	4934	
Conway	SC 29527-6620	Occupation		
		Delivery Services	5	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Dr. Thomas Rowland Jr.		Retired		
74 Swan Point Trl			05/29/2014	1000.00
74 GWAITT GIRL TH		Transaction ID : 675941B83166E4EF4	IB65	
		Occupation		
Georgetown	SC 29440-7038	Retired		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Mrs. Rose M. Tilley		Envirosep	day, year)	
			05/29/2014	2600.00
86 Ballard Pl		Transaction ID: 65B595A4E46EE48C	3806	
		Occupation Occupation	3000	
Georgetown	SC 29440-6856	HR Administrator		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Samuel "Bo" McInnis Jr.		Retired	day, year)	
Caac. Do Monino di.			05/29/2014	1000.00
4756 Parrish Mill Rd				
		Transaction ID: 6730A2D35399C40F2	288B	
Clio	SC 29525-6013	Occupation Retired		
		Nettieu		

Image# 14941274841 PAGE 5 / 5

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

1. NAME OF COMMITTEE IN FULL TOM RICE FOR CONGRESS			
ADDRESS (number and street) 1107 48th Ave., N.		-	
Suite 310-A			
CITY, STATE, and ZIP CODE		1	
Myrtle Beach	SC 29577	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	ON NUMBER
Tom Rice		C00506048	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Stephen R Miller	Self Employed	day, year)	
·		05/29/2014	2400.00
12041 Spinnaker Dr			
	Transaction ID: 6169E2BF6D168445 Occupation	3A45	
Fort Mill SC 29708-9374			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		, , , , , , ,	
	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation	_	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation	_	
	Cocupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Ossumation	_	
	Occupation		
	T. Company of the Com	1	1