

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

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 06 / 09 / 2020 in the State of SC

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2020

through

05 / 20 / 2020

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

05 / 28 / 2020

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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
TOM RICE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3000.00	1134244.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	10250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3000.00	1123994.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45291.46	523318.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45291.46	523318.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1359732.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	499569.00
(ii) Unitemized.....	0.00	3775.00
(iii) TOTAL of contributions from individuals ▶	500.00	503344.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	630900.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3000.00	1134244.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1644.11	17644.79
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4644.11	1151888.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45291.46	523318.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10250.00
21. OTHER DISBURSEMENTS	25000.00	281505.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70291.46	815073.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1425379.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4644.11
25. SUBTOTAL (add Line 23 and Line 24).....	1430024.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70291.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1359732.56

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

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

FOR LINE NUMBER: PAGE 5 OF 40
(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)
Cobb, Tracy, , ,

Mailing Address 7855 North Ocean Boulevard

City Myrtle Beach State SC Zip Code 29572-4355

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 30 2020

Transaction ID : **A206EB4A4175444B1B73**

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 40
(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)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City Charlotte State NC Zip Code 28202-4200

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 06 2020

Transaction ID : **A43141A5810F548DF900**

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER: (check only one)
 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)
Wells Fargo

Mailing Address 2110 N Oak St

City Myrtle Beach State SC Zip Code 29577-3120

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17644.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2020

Transaction ID : **A7E6D94CE73744C2FB0D**

Amount of Each Receipt this Period
1644.11

Memo Item
Interest Inc

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1644.11
TOTAL This Period (last page this line number only)..... ▶	1644.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020		
Mailing Address 228 S Washington St Ste 115			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314-5404	Amount of Each Disbursement this Period 7106.15		
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : B3320FE1D90CB450AAF1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Bogart Associates Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020		
Mailing Address 1200 Trinity Dr			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314-4724	Amount of Each Disbursement this Period 8286.71		
Purpose of Disbursement Fundraising Consulting/Event Catering		Category/ Type	Transaction ID : B32BAB3F648C84FA9AF5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. AccuChecks			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020		
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 318.11		
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : B314742FDF2F24829A43		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	15710.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40			
	<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. Anedot		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address PO Box 84314		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70884-4314
Purpose of Disbursement Online Processing		Amount of Each Disbursement this Period 19.80
Candidate Name		Transaction ID : B469F3D9629E54DFF927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address 605 19th Ave N		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Accounting Service		Amount of Each Disbursement this Period 48.40
Candidate Name		Transaction ID : BBE31D1DA073A4FA7B7E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Wunderlick, Margaret, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 461.75
Candidate Name		Transaction ID : B15DEA0107EA646A4941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	529.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 40	
	<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. Hudson, Susan, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 374.80
Candidate Name	Category/Type	Transaction ID : B59AA204A07CB4426A6B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Rice, James, Lucas, ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address 5100 N Ocean Blvd		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 459.53
Candidate Name	Category/Type	Transaction ID : B7D603F115F584502AA8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Perkins, Cally, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2020
Mailing Address PO Box 70098		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-0020
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 461.75
Candidate Name	Category/Type	Transaction ID : B1A8096327F6A4245B20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1296.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2020
Mailing Address 551 Seaboard St		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-9733
Purpose of Disbursement Cell Phone	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 126.16	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDEC1D1B2AF554334815
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. The Printing Port		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2020
Mailing Address 150 April Gray Ln.		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29579-7400
Purpose of Disbursement Tshirt/Bumper Stickers	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2572.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC53DCA3780D1464A807
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Bogart Associates Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2020
Mailing Address 1200 Trinity Dr		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314-4724
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 8000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA0D9B5C500D448B184F
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10698.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40			
	<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 05 / 06 / 2020		
Mailing Address 1601 Willow Rd			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Online Ads		Category/ Type	Transaction ID : B644A4E1B46F64A28B28		
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Citi Card			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020		
Mailing Address PO Box 9001037			FEC Identification Number C		
City Louisville	State KY	Zip Code 40290-1037	Amount of Each Disbursement this Period 3537.58		
Purpose of Disbursement Credit Card Payment- See Memos		Category/ Type	Transaction ID : B53C7C751A6D04523AFF		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020		
Mailing Address 1601 Willow Rd			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 27.24		
Purpose of Disbursement Online Ads		Category/ Type	Transaction ID : BB7C54309E9754D7CBCE		
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3537.58
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 13 OF 40			
	<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. FedEx			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020		
Mailing Address 258 Highway 17 N			FEC Identification Number C		
City North Myrtle Beach	State SC	Zip Code 29582-2938	Amount of Each Disbursement this Period 44.66		
Purpose of Disbursement Shipping		Category/ Type	Transaction ID : B964D684C597E4EEBAF7		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DC Taxis			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020		
Mailing Address 1636 Bladensburg Rd NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002-1804	Amount of Each Disbursement this Period 11.71		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : BFCBF4EC408D347FCA47		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Amazon			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020		
Mailing Address 1516 2nd Ave N			FEC Identification Number C		
City Seattle	State WA	Zip Code 98109-3171	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : B63961C93A2CA4155931		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 40	
	<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. Gogo air		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 1250 N Arlington Heights Rd		FEC Identification Number C
City Itasca	State IL	Zip Code 60143-1286
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 49.95
Candidate Name		Transaction ID : B5A3A2EE4631F4D7B83D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 1601 Willow Rd		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Disbursement Online Ads		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : BB144F37BD41041ADB6D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 182 Howard St # 8		FEC Identification Number C
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 15.91
Candidate Name		Transaction ID : BD2BF1E74A42D4D96A23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 40	
	<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. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 2103 W Bobo Newsom Hwy		FEC Identification Number C
City Hartsville	State SC	Zip Code 29550-4770
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 41.64	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B0C248103BF03421D8E9
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 05 / 06 / 2020
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 15.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9C48512DFC264221A4D
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 1601 Willow Rd		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Disbursement Online Ads	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B0BA0F2922F344EE9AA2
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 16 OF 40	
	<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. DC Taxis			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1636 Bladensburg Rd NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002-1804	Amount of Each Disbursement this Period 19.68	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B2296F566F66143B8A06	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. House Members Dining Room			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address Capitol 117			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 161.60	
Purpose of Disbursement Meeting Expense		Category/Type	Transaction ID : BC0B7BC847DA8423F9A7	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) c. Kiawah Island Golf Resort			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1 Sanctuary Beach Dr			FEC Identification Number C	
City Johns Island	State SC	Zip Code 29455-5434	Amount of Each Disbursement this Period 168.85	
Purpose of Disbursement Meeting Expense		Category/Type	Transaction ID : B99094B63037F4414A7B	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 40	
	<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. Wall Street Journal			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1211 Avenue of the Americas			FEC Identification Number C	
City New York	State NY	Zip Code 10036-8701	Amount of Each Disbursement this Period 38.99	
Purpose of Disbursement Subscription		Category/ Type	Transaction ID : B97E4CA9D3C6546E198E	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Facebook			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1601 Willow Rd			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Online Ads		Category/ Type	Transaction ID : BD37C0FE2C3CA45CD926	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1601 Willow Rd			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025-1452	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement Online Ads		Category/ Type	Transaction ID : B63D7A7168731415B99F	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 21.13	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B82A4BE4375794C5DA38	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Kiawah Island Golf Resort			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1 Sanctuary Beach Dr			FEC Identification Number C	
City Johns Island	State SC	Zip Code 29455-5434	Amount of Each Disbursement this Period 185.55	
Purpose of Disbursement Meeting Expense		Category/ Type	Transaction ID : B3375ACD37CB64A0D851	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 551 Seaboard St			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-9733	Amount of Each Disbursement this Period 126.21	
Purpose of Disbursement Cell Phone		Category/ Type	Transaction ID : BC51D28AF4C8E4A88A61	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 300 1st St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 677.64	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B839CA3AC33DE48B4840	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. DC Taxis			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1636 Bladensburg Rd NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002-1804	Amount of Each Disbursement this Period 13.60	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B0361702AC3B24B25B7E	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 300 1st St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 248.86	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : BE88786E749CF4EFB878	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 40	
	<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. Kiawah Island Golf Resort			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1 Sanctuary Beach Dr			FEC Identification Number C	
City Johns Island	State SC	Zip Code 29455-5434	Amount of Each Disbursement this Period 78.65	
Purpose of Disbursement Meeting Expense		Category/Type	Transaction ID : BCFD4A79FD9B0468BAA9	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. Vonage Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 23 Main St			FEC Identification Number C	
City Holmdel	State NJ	Zip Code 07733-2136	Amount of Each Disbursement this Period 24.80	
Purpose of Disbursement Cell Phone		Category/Type	Transaction ID : BAD448E393BC346348F1	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. DC Taxis			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020	
Mailing Address 1636 Bladensburg Rd NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002-1804	Amount of Each Disbursement this Period 19.58	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B568F296DBFDC4B72A7D	
Candidate Name		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 40	
	<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. National Pen Co.		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 342 Shelbyville Mills Rd		FEC Identification Number C
City Shelbyville	State TN	Zip Code 37160-3833
Purpose of Disbursement Pens	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 804.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BADD5930F32284845A72 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. National Car Rental		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2020
Mailing Address 6929 N Lakewood Ave Ste 100		FEC Identification Number C
City Tulsa	State OK	Zip Code 74117-1824
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 168.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B595CA6F049494EC2B64 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Citi Card		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address PO Box 9001037		FEC Identification Number C
City Louisville	State KY	Zip Code 40290-1037
Purpose of Disbursement Credit Card Payment- See Memos	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 13518.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB70D285BCB504E9F805 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13518.32
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 40	
	<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

A. DC Taxis

Full Name (Last, First, Middle Initial)

Mailing Address 1636 Bladensburg Rd NE

City Washington State DC Zip Code 20002-1804

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.68

Transaction ID : B3C571FFA74EC4AF4BC6

Memo Item

B. Uber

Full Name (Last, First, Middle Initial)

Mailing Address 182 Howard St # 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.92

Transaction ID : B52F29BBBCA8E431E8F7

Memo Item

C. Uline

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 88741

City Chicago State IL Zip Code 60680-1741

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2020

FEC Identification Number: C

Amount of Each Disbursement this Period: 43.65

Transaction ID : B736FF3F544BB41DF9D8

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

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 11.52	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B5AD6CAE5835B409CA7E	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 551 Seaboard St			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-9733	Amount of Each Disbursement this Period 126.21	
Purpose of Disbursement Cell Phone		Category/ Type	Transaction ID : B85E1B0CE4FD9429298B	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 16.50	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B4B3D5E886F8B41179DD	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 40	
	<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. Distad's-BP			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 823 Pennsylvania Ave SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-2155	Amount of Each Disbursement this Period 68.40	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B4C2F263065B54D45949	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Thompson Hotel			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 221 Tingey St. SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-4630	Amount of Each Disbursement this Period 414.65	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : BF72F76DAAC2142EBA20	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
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 758.79	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B53BCABFF4F924800890	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 40	
	<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. Agua 301			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 301 Water St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3734	Amount of Each Disbursement this Period 57.50	
Purpose of Disbursement Meeting Expense		Category/ Type	Transaction ID : B465A072E16024E0B8C9	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. La Chaumiere			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 2813 M St NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20007-3712	Amount of Each Disbursement this Period 312.00	
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : B716FA36499AA464BB30	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Distad's-BP			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 823 Pennsylvania Ave SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-2155	Amount of Each Disbursement this Period 80.67	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : B326C9BC86BED45D6923	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 40	
	<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. DC Taxis		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 1636 Bladensburg Rd NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-1804
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B50C45ABF15A94E7BA14
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 601 Pennsylvania Ave SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4303
Purpose of Disbursement Meeting Expense	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE017FDAD000F4948A59
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. John F Kennedy Center		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 2700 F St. NW		FEC Identification Number C
City Washington	State DC	Zip Code 20566-0001
Purpose of Disbursement Event Tickets	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5400.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5F55D72529C641008F8
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 27 OF 40	
	<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. Vonage Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 23 Main St			FEC Identification Number C	
City Holmdel	State NJ	Zip Code 07733-2136	Amount of Each Disbursement this Period 24.85	
Purpose of Disbursement Cell Phone		Category/ Type	Transaction ID : B1349CB872B4F4917B31	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GoDaddy.com			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 14455 N Hayden Rd			FEC Identification Number C	
City Scottsdale	State AZ	Zip Code 85260-6993	Amount of Each Disbursement this Period 36.34	
Purpose of Disbursement Web Services		Category/ Type	Transaction ID : BC8225EB2094C4284926	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
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 26.92	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : BB7B20B41903C4004A25	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 40	
	<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. House Members Dining Room		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address Capitol 117		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Meeting Expense		Amount of Each Disbursement this Period 39.90
Candidate Name	Category/ Type	Transaction ID : B968BAAB990ED4223A2F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. My M&M		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 700 High St.		FEC Identification Number C
City Hackettstown	State NJ	Zip Code 07840-1502
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 231.06
Candidate Name	Category/ Type	Transaction ID : B3E2757AF7B5D40C88A6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 304.80
Candidate Name	Category/ Type	Transaction ID : BE26B615A533247A19FB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 40	
	<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. Circa at Navy Yard			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 99 M St. SE #100			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3957	Amount of Each Disbursement this Period 1000.95	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B2EBFF63D86C8473CA30	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. New York Prime			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 405 28th Ave N			FEC Identification Number C	
City Myrtle Beach	State SC	Zip Code 29577-3001	Amount of Each Disbursement this Period 609.33	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : BFF60573EDDB84878870	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Gogo air			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 1250 N Arlington Heights Rd			FEC Identification Number C	
City Itasca	State IL	Zip Code 60143-1286	Amount of Each Disbursement this Period 49.95	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B5CB48114CEB84BD2AB6	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 305.81
Candidate Name	Category/ Type	Transaction ID : B2477C83F8D8543E2B77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 536.80
Candidate Name	Category/ Type	Transaction ID : BA8193169F5644A2BB83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 2512 Virginia Ave NW		FEC Identification Number C
City Washington	State DC	Zip Code 20037-9997
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 7.75
Candidate Name	Category/ Type	Transaction ID : BF0D99A3DB6834660B19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
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 17.36	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B1DA77D34BF8B4043BB8 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. House Members Dining Room		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address Capitol 117		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Meeting Expense	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 138.05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAE0C9677910F438CB73 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Carolina Roadhouse		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 4617 N Kings Hwy		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29577-2770
Purpose of Disbursement Event Catering	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 214.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B6320240E4D6F4E7A91D <input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
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 1.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B6196F020D0A140E3823
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 300 1st St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003-1801
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 597.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF63F9686A8BB493A8DF
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Bright and Beautiful		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 9902 N Kings Hwy Ste B		FEC Identification Number C
City Myrtle Beach	State SC	Zip Code 29572-4049
Purpose of Disbursement Flowers	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 124.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B7C95858989DA44129E6
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 33 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 300 1st St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 865.60	
Purpose of Disbursement Event Catering		Category/Type	Transaction ID : B7B60D20A282645D4A0E	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 14.93	
Purpose of Disbursement Travel		Category/Type	Transaction ID : BDD030250052F4250963	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 18.49	
Purpose of Disbursement Travel		Category/Type	Transaction ID : B6B94230EB46F4CA788D	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
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 10.74	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE0D6B03704FC465882C <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bluejacket The Yards		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 300 Tingey St. SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4625
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 210.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9A4C2427868C4305803 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 1516 2nd Ave N		FEC Identification Number C
City Seattle	State WA	Zip Code 98109-3171
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 18.52	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B30CBE9045C0848E1AB0 <input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 40	
	<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. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 601 Pennsylvania Ave SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4303
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 222.60
Candidate Name		Transaction ID : B76C666C4ED8B4482ACD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address US 76 Cashua DR.		FEC Identification Number C
City Florence	State SC	Zip Code 29501
Purpose of Disbursement Meeting Expense		Amount of Each Disbursement this Period 78.67
Candidate Name		Transaction ID : BB553178E14E04B83873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 182 Howard St # 8		FEC Identification Number C
City San Francisco	State CA	Zip Code 94105-1611
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 17.32
Candidate Name		Transaction ID : BF079E50D4FC64AD39D7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 40	
	<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. DC Taxis		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 1636 Bladensburg Rd NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-1804
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 21.80
Candidate Name		Transaction ID : BA91045D634404538A4A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Joe's Seafood, Prime Steak & Stone Crab		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 750 15th St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 375.00
Candidate Name		Transaction ID : BD37663D9867C4FA2ADE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Hilton		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 1919 Connecticut Ave NW		FEC Identification Number C
City Washington	State DC	Zip Code 20009-5701
Purpose of Disbursement Travel Credit		Amount of Each Disbursement this Period - 320.71
Candidate Name		Transaction ID : BC666C378624F4049969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020	
Mailing Address 182 Howard St # 8			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94105-1611	Amount of Each Disbursement this Period 18.19	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : BBBF98C2AA49C4B48814	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
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 <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	45291.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 40
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Georgetown County BOAS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020
Mailing Address 2104 Lincoln Street		FEC Identification Number C
City Georgetown	State SC	Zip Code 29440-2669
Purpose of Disbursement Charitable Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : BC5CAB66A6346463AAB1
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Senior Citizens Association		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020
Mailing Address PO Box 12207		FEC Identification Number C
City Florence	State SC	Zip Code 29504-2207
Purpose of Disbursement Charitable Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : B15BCA164B90741AAAE0
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Chesterfield County Council on Aging		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020
Mailing Address PO Box 45		FEC Identification Number C
City Chesterfield	State SC	Zip Code 29709-0045
Purpose of Disbursement Charitable Contribution		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : BFFEF991B2E7341B2917
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 40			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marion County Council on Aging		Date of Disbursement
Mailing Address PO Box 728		M M / D D / Y Y Y Y 04 / 09 / 2020
City Marion	State SC	FEC Identification Number C
Zip Code 29571-0728	Purpose of Disbursement Charitable Contribution	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : B249721A433DB420DBF1
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Darlington Council on Aging		Date of Disbursement
Mailing Address 402 Pearl St.		M M / D D / Y Y Y Y 04 / 09 / 2020
City Darlington	State SC	FEC Identification Number C
Zip Code 29532-3815	Purpose of Disbursement Charitable Contribution	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : B647236C769274CD1850
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Meals on Wheels		Date of Disbursement
Mailing Address 4006 Postal Way Unit F		M M / D D / Y Y Y Y 04 / 09 / 2020
City Myrtle Beach	State SC	FEC Identification Number C
Zip Code 29579-3527	Purpose of Disbursement Charitable Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	Transaction ID : BB84741A496CD4BBBA99
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marlboro County Council on Aging		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2020
Mailing Address PO Box 1195		FEC Identification Number C
City Bennettsville	State SC	Zip Code 29512-1195
Purpose of Disbursement Charitable Contribution		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : BE5BE7F7913614ED9974
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	25000.00