

# 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) 1107 48th Ave., N.

Suite 210

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29577

2. FEC IDENTIFICATION NUMBER ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

SC

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 11 / 06 / 2012 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

10 / 01 / 2012 through 10 / 17 / 2012

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

Type or Print Name of Treasurer Collins Wakefield

Signature of Treasurer Collins Wakefield

[Electronically Filed]

Date

10 / 25 / 2012

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	107469.98	1201759.25
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	107469.98	1200259.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	141124.88	956734.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	82.10	1953.47
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	141042.78	954780.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	357150.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TOM RICE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66324.98	951153.16
(ii) Unitemized.....	4545.00	40756.09
(iii) TOTAL of contributions from individuals ▶	70869.98	991909.25
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36600.00	209850.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	107469.98	1201759.25
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	15152.33
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	82.10	1953.47
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	107552.08	1318865.05

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	141124.88	956734.42
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS .....	0.00	3480.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	141124.88	961714.42

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	390723.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107552.08
25. SUBTOTAL (add Line 23 and Line 24).....	498275.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	141124.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	357150.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Gladys Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3714 Willow Springs Rd		<b>Transaction ID : 21020.C3046</b>	
City Conway	State SC	Zip Code 29527-6608	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Tire Town		Occupation Business Development Officer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. T. Rivers Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012	
Mailing Address PO Box 24		<b>Transaction ID : 21009.C2924</b>	
City Mullins	State SC	Zip Code 29574-0024	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Anderson Brothers Bank		Occupation Banker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ty Anthony</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address 500 Yorktown Ct		<b>Transaction ID : 21011.C2994</b>	
City Myrtle Beach	State SC	Zip Code 29579-3113	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 250.00	
Name of Employer Lewis Truck Lines (LTL), INC.		Occupation Trucking Co.	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Bailey**

Mailing Address 73 Caretaker Lane

City State Zip Code  
Pawleys Island SC 29585

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

Name of Employer Occupation  
Hinds, Cowan, Strange & Geer Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2012

**Transaction ID : 21012.C3015**

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 9002 Kings Rd.

City State Zip Code  
Myrtle Beach SC 29572-4726

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

Name of Employer Occupation  
Bell Apartments Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
660.00

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

**Transaction ID : 21009.C2903**

Amount of Each Receipt this Period  
160.00

Receipt

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

Mailing Address 5707 Canterbury Ln.

City State Zip Code  
Myrtle Beach SC 29577-2205

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : 21009.C2899**

Amount of Each Receipt this Period  
2500.00

Receipt

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

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

3660.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Randy Beverly</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 1006B Church St.		<b>Transaction ID : 21020.C3065</b>	
City Conway	State SC	Zip Code 29526-4124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Castlewood Realty	Occupation Realtor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Lisa Brandon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address 3023 Church St.		<b>Transaction ID : 21011.C2979</b>	
City Myrtle Beach	State SC	Zip Code 29577-5820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 2500.00	
Name of Employer Information Requested	Occupation Election Cycle-to-Date 2500.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Scott Brandon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address 3023 Church St.		<b>Transaction ID : 21011.C2978</b>	
City Myrtle Beach	State SC	Zip Code 29577-5820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 2500.00	
Name of Employer The Brandon Agency	Occupation Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RL Brock**

Mailing Address **PO Box 296**

City **Blenheim** State **SC** Zip Code **29516-0296**

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

Name of Employer **Marlboro Water Co. Inc.** Occupation **Management Consultant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2012**

**Transaction ID : 21011.C2950**

Amount of Each Receipt this Period  
**500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Suzu Brooks**

Mailing Address **4613 Marion Cir**

City **North Myrtle Beach** State **SC** Zip Code **29582-5341**

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

Name of Employer **Self Employed** Occupation **Homemaker**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2012**

**Transaction ID : 21020.C3055**

Amount of Each Receipt this Period  
**250.00**

Receipt

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

Mailing Address **PO Box 103**

City **Florence** State **SC** Zip Code **29503-0103**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**320.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 04 / 2012**

**Transaction ID : 21009.C2914**

Amount of Each Receipt this Period  
**250.00**

Receipt

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

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

**1000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Robert Castles, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2012	
Mailing Address 7539 Veneto Ct.		<b>Transaction ID : 21020.C3030</b>	
City Myrtle Beach	State SC	Zip Code 29572-8015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1500.00	
Name of Employer Castles & Associates	Occupation Civil Engineer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) <b>B. Billie Caswell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012	
Mailing Address 308 Wildwood Dunes Trl.		<b>Transaction ID : 21009.C2930</b>	
City Myrtle Beach	State SC	Zip Code 29572-4749	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 300.00	
Name of Employer Strand Supply, Inc.	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) <b>C. John Chapman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address 1050 Santee Dr.		<b>Transaction ID : 21011.C2982</b>	
City Florence	State SC	Zip Code 29501-5740	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO Box 2384

City Murrells Inlet State SC Zip Code 29576-2384

FEC ID number of contributing federal political committee.

Name of Employer Chapman Construction Occupation General Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3123**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Joe Commander**

Mailing Address 722 Wisteria Dr.

City Florence State SC Zip Code 29501-5758

FEC ID number of contributing federal political committee.

Name of Employer Commander Nsg Ct Occupation Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21011.C3001**

Amount of Each Receipt this Period

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Christie Copeland**

Mailing Address 28 Chapin Cir.

City Myrtle Beach State SC Zip Code 29572-4405

FEC ID number of contributing federal political committee.

Name of Employer Bellamy Law Firm Occupation Paralegal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3137**

Amount of Each Receipt this Period

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Nicole Couillard**

Mailing Address P.O. Box 5044

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Ron Jons Restaurant Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3063**

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Earl Daniel**

Mailing Address 1211 Tator House Rd

City Bennettsville State SC Zip Code 29512-2764

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

Name of Employer Information Requested Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2944**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Waldeck Dargan, Jr.**

Mailing Address 3871 Myrtle Pointe Dr

City Myrtle Beach State SC Zip Code 29577-5956

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

Name of Employer Dargan Real Estate Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3057**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Liz Dawson**

Mailing Address P. O. Box 1319

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3120**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address 10225 N. Kings Hwy.

City Myrtle Beach State SC Zip Code 29572-4038

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

Name of Employer Coldwell Banker Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3067**

Amount of Each Receipt this Period  
 Receipt 125.00

**C.** Full Name (Last, First, Middle Initial)  
**Joel Dyson**

Mailing Address 200 Caston Way Ln

City Cheraw State SC Zip Code 29520-5576

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2995**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

1375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Harry R. Easterling**

Mailing Address 302 Tyson Ave

City State Zip Code  
Bennettsville SC 29512-3436

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

Name of Employer Occupation  
Goldberg & Easterling Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21020.C3074**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Donald Evans**

Mailing Address PO Box 97

City State Zip Code  
Bennettsville SC 29512-0097

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

Name of Employer Occupation  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : 21011.C2941**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Carl Falk**

Mailing Address 202 Sea Oats Cir.

City State Zip Code  
Pawleys Island SC 29585-5128

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21020.C3121**

Amount of Each Receipt this Period  
2500.00

Receipt

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 75  
(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)  
**Marshall Flowers**

Mailing Address 2300 N. Governor Williams Hwy.

City State Zip Code  
Darlington SC 29540-8707

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

Name of Employer Occupation  
Sun Construction, Inc. President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2180.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3092**

Amount of Each Receipt this Period  
 Receipt **200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Floyd**

Mailing Address 805 Pamplico Hwy, Mall A, Ste. 230

City State Zip Code  
Florence SC 29505-6047

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

Name of Employer Occupation  
Carolinas Hospital Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3102**

Amount of Each Receipt this Period  
 Receipt **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Donald Godwin**

Mailing Address 155 Woodmont Ln.

City State Zip Code  
Pawleys Island SC 29585-6202

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

Name of Employer Occupation  
Southern Asphalt Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2012

**Transaction ID : 21020.C3051**

Amount of Each Receipt this Period  
 Receipt **500.00**

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

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

**1700.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mamie Gunter**

Mailing Address 1970 Gray Oaks Drive

City Conway State SC Zip Code 29526

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

Name of Employer Benjamins Seafood Restaurant Occupation Coordinator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3048**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mamie Gunter**

Mailing Address 1970 Gray Oaks Drive

City Conway State SC Zip Code 29526

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

Name of Employer Benjamins Seafood Restaurant Occupation Coordinator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3129**

Amount of Each Receipt this Period  
 In-Kind 408.33  
 Event Catering Food & Drink

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Gunter, Jr.**

Mailing Address 1970 Gray Oaks Dr.

City Conway State SC Zip Code 29526-7426

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

Name of Employer FBI Construction Occupation Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3130**

Amount of Each Receipt this Period  
 In-Kind 408.33  
 Event Catering Food & Drink

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

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

1316.66

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

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

FOR LINE NUMBER: PAGE 16 OF 75  
(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)  
**Michael Harrington**

Mailing Address 5704 Woodside Ave.

City State Zip Code  
Myrtle Beach SC 29577-2248

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

Name of Employer Occupation  
Harrington Construction Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

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

**Transaction ID : 21009.C2898**

Amount of Each Receipt this Period  
 2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Deborah Harwell**

Mailing Address PO Box 7721

City State Zip Code  
Myrtle Beach SC 29572-0017

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

Name of Employer Occupation  
Adobe Palm Enterprises, LLC President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2012

**Transaction ID : 21020.C3058**

Amount of Each Receipt this Period  
 250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**J.R. Hazelton**

Mailing Address 4803 Saint Johns Pl.

City State Zip Code  
Murrells Inlet SC 29576-6808

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : 21011.C2998**

Amount of Each Receipt this Period  
 250.00

Receipt

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert N. Hinson**

Mailing Address 1254 Highway 15-401 E

City State Zip Code  
Bennettsville SC 29512-7114

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

Name of Employer Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2949**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Francis M. Hinson, III**

Mailing Address 1619 Spears Cemetery Rd

City State Zip Code  
Bennettsville SC 29512-7409

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

Name of Employer Occupation  
SC SNR Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2939**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Holt**

Mailing Address 1529 Cadiz Dr.

City State Zip Code  
Myrtle Beach SC 29579-5909

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

Name of Employer Occupation  
Coastal Cancer Society Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3119**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Emma Howard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 9593 N Kings Hwy		<b>Transaction ID : 21020.C3043</b>	
City Myrtle Beach	State SC	Zip Code 29572-4005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Benjamins Seafood Restaurant	Occupation Management		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Emma Howard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 9593 N Kings Hwy		<b>Transaction ID : 21020.C3128</b>	
City Myrtle Beach	State SC	Zip Code 29572-4005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 408.33	
Name of Employer Benjamins Seafood Restaurant	Occupation Management		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 908.33		

Full Name (Last, First, Middle Initial) <b>C. Wanda Howard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 1890 Arundel Rd.		<b>Transaction ID : 21020.C3044</b>	
City Myrtle Beach	State SC	Zip Code 29577-5907	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Benjamins Seafood Restaurant	Occupation Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2408.33
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Wanda Howard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 1890 Arundel Rd.		<b>Transaction ID : 21020.C3125</b>	
City Myrtle Beach	State SC	Zip Code 29577-5907	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 408.33	
Name of Employer Benjamins Seafood Restaurant	Occupation Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2408.33		
		In-Kind Event Catering Food and Drink	

Full Name (Last, First, Middle Initial) <b>B. William C. Howard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 9593 N Kings Hwy		<b>Transaction ID : 21020.C3127</b>	
City Myrtle Beach	State SC	Zip Code 29572-4005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 408.33	
Name of Employer CFI, Inc.	Occupation Restaurant Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 408.33		
		In-Kind Event Catering Food & Drink	

Full Name (Last, First, Middle Initial) <b>C. William C. Howard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 9593 N Kings Hwy		<b>Transaction ID : 21020.C3049</b>	
City Myrtle Beach	State SC	Zip Code 29572-4005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CFI, Inc.	Occupation Restaurant Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1408.33		
		Receipt	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1816.66
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**William H. Howard, Jr.**

Mailing Address 5710 Country Club Dr

City Myrtle Beach State SC Zip Code 29577-2212

FEC ID number of contributing federal political committee.

Name of Employer HD One LLC Occupation General Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3053**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**William H. Howard, Jr.**

Mailing Address 5710 Country Club Dr

City Myrtle Beach State SC Zip Code 29577-2212

FEC ID number of contributing federal political committee.

Name of Employer HD One LLC Occupation General Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3126**

Amount of Each Receipt this Period

In-Kind  
Event Catering Food & Drink

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

Mailing Address 800 E Cheves St Ste 420

City Florence State SC Zip Code 29506-2649

FEC ID number of contributing federal political committee.

Name of Employer Allergy, Asthma, and Sinus Cen Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3080**

Amount of Each Receipt this Period

Receipt

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

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

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

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

FOR LINE NUMBER: PAGE 21 OF 75  
(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)  
**E. Coy Irvin, Jr.**

Mailing Address 555 E Cheves St

City State Zip Code  
Florence SC 29506-2617

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

Name of Employer Occupation  
Mcleod Regional Medical Center VP Medical Services

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3098**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Elijah Jones**

Mailing Address 912 Kenley Hall

City State Zip Code  
Florence SC 29501-4910

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

Name of Employer Occupation  
SonShine Management Systems Property Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3095**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**B. Webb Jones, Jr.**

Mailing Address 712 S. Coit St.

City State Zip Code  
Florence SC 29501-5113

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3085**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Rick Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2012
Mailing Address 15 Point Comfort		<b>Transaction ID : 21009.C2900</b>
City Columbia	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SC VA Hospital	Occupation Physician	Receipt
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Chris D. King</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 7530 Veneto Ct		<b>Transaction ID : 21020.C3064</b>
City Myrtle Beach	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tire Town	Occupation General Manager	Receipt
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Hugh Leatherman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address PO Box 5506		<b>Transaction ID : 21020.C3116</b>
City Florence	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer State of SC	Occupation Senator	Receipt
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**A. LaFon LeGette, Jr.**

Mailing Address PO Box 305

City Latta State SC Zip Code 29565-0305

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : 21009.C2926**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Dianne LeMaster**

Mailing Address 210 80th Ave N

City Myrtle Beach State SC Zip Code 29572-4338

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 21020.C3029**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Lesnik**

Mailing Address 265 Patterson Dr.

City Myrtle Beach State SC Zip Code 29572-5640

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

Name of Employer LHWH Advertising Occupation Marketing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : 21012.C3014**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Liberty Terminals LLC**

Mailing Address Perry R. Collins

City Georgetown State SC Zip Code 29442-2775

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : 21009.C2906**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Perry Collins**

Mailing Address PO Box 1498

City Georgetown State SC Zip Code 29442-1498

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

Name of Employer Occupation  
 Liberty Terminals Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : 21009.C2908**

Amount of Each Receipt this Period  
 Memo 500.00

**[MEMO ITEM]**  
 Partnership->Liberty Terminals LLC PARTNERSHIP

**C.** Full Name (Last, First, Middle Initial)  
**Pearce Land Company LLC**

Mailing Address Evans Holland  
 1943 A Hoffmeyer Rd.

City Florence State SC Zip Code 29501-3939

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : 21009.C2905**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Evans Holland**

Mailing Address **PO Box 5387**

City **Florence** State **SC** Zip Code **29502-5387**

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

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

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

**Transaction ID : 21009.C2907**

Amount of Each Receipt this Period  
**500.00**

Memo  
**[MEMO ITEM]  
Partnership->Pearce Land Company LLC  
PARTNERSHIP**

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

Mailing Address **728 Lakeshore Dr**

City **Bennettsville** State **SC** Zip Code **29512-2208**

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

Name of Employer Information Requested Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2012**

**Transaction ID : 21011.C2945**

Amount of Each Receipt this Period  
**500.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Neil McCoy**

Mailing Address **9326 Cove Dr.**

City **Myrtle Beach** State **SC** Zip Code **29572-5000**

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

Name of Employer **Delta Management Group, Llc** Occupation **Manager**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : 21020.C3104**

Amount of Each Receipt this Period  
**200.00**

Receipt

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

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

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Leslie H. McDonald**

Mailing Address **PO Box 99**

City **Tatum** State **SC** Zip Code **29594-0099**

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

Name of Employer **Self Employed** Occupation **Homemaker**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2012**

**Transaction ID : 21011.C2942**

Amount of Each Receipt this Period  
**500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**John McInnis, III**

Mailing Address **1622 Tatum Hwy**

City **Clio** State **SC** Zip Code **29525-3106**

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

Name of Employer Occupation **Information Requested**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2012**

**Transaction ID : 21011.C2947**

Amount of Each Receipt this Period  
**500.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth McKelvey**

Mailing Address **500 15th Ave. S.**

City **North Myrtle Beach** State **SC** Zip Code **29582-3914**

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

Name of Employer **Defender Resort Management** Occupation **President/CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2012**

**Transaction ID : 21020.C3082**

Amount of Each Receipt this Period  
**2500.00**

Receipt

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rachel McKelvey**

Mailing Address 500 15th Ave S

City North Myrtle Beach State SC Zip Code 29582-3914

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3083**

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Nordstrom**

Mailing Address 5310 N. Ocean Blvd. Unit 207

City Myrtle Beach State SC Zip Code 29577-2533

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3045**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Robert A. Norris, Jr.**

Mailing Address 1317 Sylvan Dr

City Florence State SC Zip Code 29505-2640

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

Name of Employer Gilbert Fields Occupation Marketing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3099**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**E.C. OBryan**

Mailing Address 800 E. Cheves St. Ste. 200

City Florence	State SC	Zip Code 29506-2651
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : 21025.C3250**

Amount of Each Receipt this Period  
1500.00

In-Kind

Event Catering Food and Drink

**B.** Full Name (Last, First, Middle Initial)  
**Douglas OTuel**

Mailing Address 726 Lakeshore Dr.

City Bennettsville	State SC	Zip Code 29512-2208
-----------------------	-------------	------------------------

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

Name of Employer	Occupation Information Requested
------------------	-------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2943**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**John Obrien**

Mailing Address 167 William Screven St.

City Georgetown	State SC	Zip Code 29440-6832
--------------------	-------------	------------------------

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

Name of Employer Consensus, Construction & Cons	Occupation Owner
--	---------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3068**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**John Oneal**

Mailing Address 3010 Inwood Ln

City: Blenheim State: SC Zip Code: 29516-7616

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

Name of Employer: Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 09 / 2012

**Transaction ID : 21011.C2948**

Amount of Each Receipt this Period: 500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Stephen T. Oneal**

Mailing Address 541 Carolina Blue Ln

City: Blenheim State: SC Zip Code: 29516-6623

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

Name of Employer: Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 09 / 2012

**Transaction ID : 21011.C2940**

Amount of Each Receipt this Period: 500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Bill Otis, Jr.**

Mailing Address PO Box 1350

City: Pawleys Island State: SC Zip Code: 29585-1350

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

Name of Employer: City of Pawleys Island Occupation: Mayor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 05 / 2012

**Transaction ID : 21009.C2927**

Amount of Each Receipt this Period: 500.00

Receipt

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Palmetto Oral & Maxillofacial Surgeons**

Mailing Address 302 W Pine St

City Florence State SC Zip Code 29501-4727

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3109**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Morgan**

Mailing Address 302 W. Pine St.

City Florence State SC Zip Code 29501-4727

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

Name of Employer Occupation  
 Palmetto Oral & Maxillofacial Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3110**

Amount of Each Receipt this Period  
 Memo 250.00

**[MEMO ITEM]**  
 Partnership->Palmetto Oral & Maxillofacial Surgeons PARTNERS

**C.** Full Name (Last, First, Middle Initial)  
**Ron Paige**

Mailing Address 1114 Waterway Ln.

City Myrtle Beach State SC Zip Code 29572-5776

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

Name of Employer Occupation  
 Horry County State Bank Executive Vp

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3138**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Clark Parker**

Mailing Address 1551 21st Ave N., Ste. 15

City	State	Zip Code
Myrtle Beach	SC	29577-7495

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

Name of Employer	Occupation
Parker Hunter Skipper CPA LLC	Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2012

**Transaction ID : 21020.C3050**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Paresh Patel**

Mailing Address 600 N. Kings Hwy.

City	State	Zip Code
Myrtle Beach	SC	29577-3745

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

Name of Employer	Occupation
Savemart	Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2012

**Transaction ID : 21020.C3056**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Shital R. Patel**

Mailing Address 1316 Cavaretta Ct

City	State	Zip Code
Surfside Beach	SC	29575-8639

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

Name of Employer	Occupation
Mariner Motel	Motel Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2012

**Transaction ID : 21020.C3060**

Amount of Each Receipt this Period  
750.00

Receipt

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Sudha Patel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 506 S Morgan Ave		<b>Transaction ID : 21020.C3059</b>	
City Andrews State SC Zip Code 29510-2928	Amount of Each Receipt this Period Receipt 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Architect		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. John Pearce</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address PO Box 68		<b>Transaction ID : 21011.C2951</b>	
City Mc Coll State SC Zip Code 29570-0068	Amount of Each Receipt this Period Receipt 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. John Pearce</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address PO Box 68		<b>Transaction ID : 21011.C2952</b>	
City Mc Coll State SC Zip Code 29570-0068	Amount of Each Receipt this Period Receipt 10.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



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

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

FOR LINE NUMBER: PAGE 33 OF 75  
(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)  
**David Posek**

Mailing Address 274 Doral Dr.

City State Zip Code  
Pawleys Island SC 29585-6782

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 05 2012

**Transaction ID : 21009.C2925**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Britt Poston**

Mailing Address 807 Oldfield Cir.

City State Zip Code  
Florence SC 29501-2011

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

Name of Employer Occupation  
Zaxbys Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3096**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**William Poston**

Mailing Address 4251 E. National Cemetery Rd

City State Zip Code  
Florence SC 29506-5213

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : 21020.C3100**

Amount of Each Receipt this Period  
 Receipt 400.00

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Clay Rice**

Mailing Address 222 Forest Trl.

City State Zip Code  
Isle Of Palms SC 29451-2513

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

Name of Employer Occupation  
Self Employed Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21020.C3108**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Frank B. Rogers, III**

Mailing Address 111 Colonial Dr

City State Zip Code  
Bennettsville SC 29512-3450

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

Name of Employer Occupation  
Souther Cotton Growers Inc. Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : 21011.C2946**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Robert Sansbury**

Mailing Address 5709 Country Club Dr.

City State Zip Code  
Myrtle Beach SC 29577-2211

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

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

**Transaction ID : 21009.C2892**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert Sansbury**

Mailing Address 5709 Country Club Dr.

City Myrtle Beach State SC Zip Code 29577-2211

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : 21009.C2893**

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Robert Sansbury**

Mailing Address 5709 Country Club Dr.

City Myrtle Beach State SC Zip Code 29577-2211

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify) Runoff 2012

Election Cycle-to-Date  
600.00

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

**Transaction ID : 21009.C2894**

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**John A. Scism**

Mailing Address PO Box 462

City Bennettsville State SC Zip Code 29512-0462

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

Name of Employer SCISM Construction Company Occupation Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2963**

Amount of Each Receipt this Period  
10.00

Receipt

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

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

210.00

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

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

FOR LINE NUMBER: PAGE 36 OF 75  
(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)  
**John A. Scism**

Mailing Address **PO Box 462**

City **Bennettsville** State **SC** Zip Code **29512-0462**

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

Name of Employer **SCISM Construction Company** Occupation **Contractor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

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

**Transaction ID : 21011.C3002**

Amount of Each Receipt this Period  
**200.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**J. Munford Scott, Jr.**

Mailing Address **336 Country Club Blvd.**

City **Florence** State **SC** Zip Code **29501-5415**

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

Name of Employer **Turner Padgett Law Firm** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1470.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : 21020.C3087**

Amount of Each Receipt this Period  
**100.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Dodd Smith**

Mailing Address **3622 Brampton Dr.**

City **Myrtle Beach** State **SC** Zip Code **29588-7614**

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

Name of Employer **Metgals, Inc.** Occupation **Owner/ceo**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2012**

**Transaction ID : 21011.C2987**

Amount of Each Receipt this Period  
**200.00**

Receipt

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Susan Sparks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 1570 Brookgreen Dr.		<b>Transaction ID : 21020.C3054</b>	
City Myrtle Beach	State SC	Zip Code 29577-5870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Susan Spradlin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012	
Mailing Address 328 Patterson Dr.		<b>Transaction ID : 21012.C3012</b>	
City Myrtle Beach	State SC	Zip Code 29572-4736	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Shirley Springs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012	
Mailing Address 4600 N. Kings Hwy.		<b>Transaction ID : 21011.C2985</b>	
City Myrtle Beach	State SC	Zip Code 29577-2769	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Wilson Springs**

Mailing Address 4604 N. Kings Hwy.

City Myrtle Beach	State SC	Zip Code 29577-2769
----------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Realtor
-----------------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2012

**Transaction ID : 21011.C2983**

Amount of Each Receipt this Period  

200.00
--------

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Harold Stowe**

Mailing Address 23 Maritime Cir.

City Pawleys Island	State SC	Zip Code 29585-6077
------------------------	-------------	------------------------

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		03		2012

**Transaction ID : 21009.C2891**

Amount of Each Receipt this Period  

250.00
--------

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Mary Tatum**

Mailing Address 2517 Academy Rd

City Mc Coll	State SC	Zip Code 29570-5522
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Homemaker
-----------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2012

**Transaction ID : 21011.C2964**

Amount of Each Receipt this Period  

20.00
-------

Receipt

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

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

470.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mary Tatum**

Mailing Address 2517 Academy Rd

City	State	Zip Code
Mc Coll	SC	29570-5522

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

Name of Employer	Occupation
Self Employed	Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2953**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Neal Thigpen**

Mailing Address 1610 Hillside Ave.

City	State	Zip Code
Florence	SC	29501-5608

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2012

**Transaction ID : 21009.C2913**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Neal Thigpen**

Mailing Address 1610 Hillside Ave.

City	State	Zip Code
Florence	SC	29501-5608

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : 21012.C3007**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 40 OF 75  
(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)  
**Thomas D. Turner**

Mailing Address 1418 Center Rd

City State Zip Code  
Timmonsville SC 29161-7983

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Turners Custom Auto Glass Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21012.C3006**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Vereen**

Mailing Address 203 Waties Dr.

City State Zip Code  
Murrells Inlet SC 29576-7074

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3031**

Amount of Each Receipt this Period

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Wallen**

Mailing Address 1203 48th Ave N.

City State Zip Code  
Myrtle Beach SC 29577-5425

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Jeffery H. Wallen, Dds Oral Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3062**

Amount of Each Receipt this Period

Receipt

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

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



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

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

FOR LINE NUMBER: PAGE 41 OF 75  
(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)  
**Charles T. Walls**

Mailing Address 205 Lake Dr.

City State Zip Code  
Myrtle Beach SC 29572-5626

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Diagnostic Pathology Pathologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21012.C3010**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Sherwin Welch**

Mailing Address 1416 Lazar Pl.

City State Zip Code  
Florence SC 29501-5672

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Homes of Florence Inc President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21020.C3101**

Amount of Each Receipt this Period

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**J. Scott Wyte**

Mailing Address 7732 Masonboro Sound Rd

City State Zip Code  
Wilmington NC 28409-2669

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : 21011.C2988**

Amount of Each Receipt this Period

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Victoria C. Yahnis**

Mailing Address 1416 Dorchester Rd

City Florence	State SC	Zip Code 29501-5604
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Homemaker
-----------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : 21011.C2999**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Yodice**

Mailing Address 8817 Shady Branch Rd

City Myrtle Beach	State SC	Zip Code 29588-6641
----------------------	-------------	------------------------

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3061**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Phillip Bates**

Mailing Address 990 Little Creek Rd.

City Myrtle Beach	State SC	Zip Code 29572-5723
----------------------	-------------	------------------------

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

Name of Employer Sysco	Occupation Sales Manager
---------------------------	-----------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21020.C3047**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

1000.00

66324.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AECOM US FEDERAL PAC**

Mailing Address 3101 Wilson Blvd., Ste. 700

City State Zip Code  
Arlington VA 22201-4468

FEC ID number of contributing federal political committee. **C C00374447**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21020.C3115**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**AISI-Steel PAC**

Mailing Address 1140 Connecticut Ave NW Ste 705

City State Zip Code  
Washington DC 20036-4011

FEC ID number of contributing federal political committee. **C C00295097**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21020.C3114**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**American Conservative Union PAC**

Mailing Address 1007 Cameron St.

City State Zip Code  
Alexandra VA 22314-2426

FEC ID number of contributing federal political committee. **C C30001952**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2012

**Transaction ID : 21009.C2912**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th St., NW

City Washington State DC Zip Code 20005-5603

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

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

**Transaction ID : 21011.C2997**

Amount of Each Receipt this Period  
 Receipt **2500.00**

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

Mailing Address 1505 Prince St., Ste. 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C C00024968**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3112**

Amount of Each Receipt this Period  
 Receipt **3000.00**

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

Mailing Address 25 Massachusetts Ave NW Ste 600 Suite 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : 21009.C2923**

Amount of Each Receipt this Period  
 Receipt **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 45 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**ARCELORMITTAL USA GOOD GOVERNMENT**

Mailing Address 1808 I St. NW, Fl. 5

City Washington State DC Zip Code 20006-5416

FEC ID number of contributing federal political committee. **C C00104109**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21020.C3113**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Associated Builders & Contractors PAC**

Mailing Address 4250 Fairfax Dr

City Arlington State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. **C C30001333**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2012

**Transaction ID : 21009.C2911**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**AT&T, Inc. Federal PAC**

Mailing Address 208 S. Akard St., Ste. 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 05 / 2012

**Transaction ID : 21009.C2922**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO Box 1290

City Winston Salem State NC Zip Code 27102-1290

FEC ID number of contributing federal political committee. **C** C00075291

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2012

**Transaction ID : 21009.C2915**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BUCKEYE PATRIOT PAC**

Mailing Address 2525 N. Limestone St., Ste. 103

City Springfield State OH Zip Code 45503-1185

FEC ID number of contributing federal political committee. **C** C00239905

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2986**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CASC PAC**

Mailing Address 139 Prominence Ct., Ste. 110

City Dawsonville State GA Zip Code 30534-8940

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2958**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. CMR PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2485  
 City Springfield State VA Zip Code 22152-0485  
 FEC ID number of contributing federal political committee. **C** C00469429  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 21020.C3025**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**B. COALPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave. NW, Ste. 500  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C** C00109819  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : 21020.C3111**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Community Bancshares of Mississippi PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 59  
 City Forest State MS Zip Code 39074-0059  
 FEC ID number of contributing federal political committee. **C** C00228924  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : 21020.C3028**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 403 E Capitol St SE

City Washington State DC Zip Code 20003-3810

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : 21012.C3009**

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Henry E. Brown for Congress**

Mailing Address 1035 Dominion Dr.

City Hanahan State SC Zip Code 29410-2430

FEC ID number of contributing federal political committee. **C C00341529**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : 21009.C2901**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Kelley Drye & Warren, LLP PAC**

Mailing Address 3050 K St. NW, Ste. 400

City Washington State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 21020.C3027**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

7000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lowes Companies, Inc. PAC**

Mailing Address 1000 Lowes Blvd

City Mooresville State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C C00251751**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 21020.C3026**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address PO Box 1872

City Topeka State KS Zip Code 66601-1872

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2981**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NOIA PAC**

Mailing Address 1120 G St. NW, Ste. 900

City Washington State DC Zip Code 20005-3801

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : 21009.C2902**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Price for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : 21009.C2920**

Amount of Each Receipt this Period  
 Receipt 2000.00

**B. ROSKAM PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2693

FEC ID number of contributing federal political committee. **C C00451294**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 21011.C2980**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Tallon for Congress Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2734 Cypress Bend Rd.

City Florence State SC Zip Code 29506-8352

FEC ID number of contributing federal political committee. **C C00153684**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : 21020.C3091**

Amount of Each Receipt this Period  
 Receipt 100.00

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

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

3100.00

36600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 75	
	<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) <b>A. Longbeards</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012	
Mailing Address 5040 Carolina Forest Blvd.			Amount of Each Disbursement this Period 251.40	
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21024.E692	
Purpose of Disbursement Event Catering		Category/ Type	EVENT CATERING	
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) <b>B. Lowes</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 1160 Seaboard St.			Amount of Each Disbursement this Period 108.02	
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21024.E693	
Purpose of Disbursement Signage		Category/ Type	SIGNAGE	
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) <b>c. Parkway Office Plaza, Llc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 1113 48th Ave. N			Amount of Each Disbursement this Period 5000.00	
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21024.E700	
Purpose of Disbursement Rent		Category/ Type	RENT	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5359.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 75	
	<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) <b>A. Public Opinion Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 214 N. Fayette St.		Amount of Each Disbursement this Period 12500.00 <b>Transaction ID : 21024.E703</b>
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement Polling	Category/ Type <b>POLLING</b>
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) <b>B. Accuchecks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period 60.12 <b>Transaction ID : 21024.E661</b>
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Accounting	Category/ Type <b>ACCOUNTING</b>
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) <b>c. Jeff Alderman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1404 Reid Ct.		Amount of Each Disbursement this Period 805.02 <b>Transaction ID : 21024.E684</b>
City Myrtle Beach	State SC	
Zip Code 29588-1917	Purpose of Disbursement Salary	Category/ Type <b>SALARY</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13365.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 75			
	<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) <b>A. Bi-lo</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address Store #116		Amount of Each Disbursement this Period 140.73
City Myrtle Beach	State SC	
Purpose of Disbursement Office Supplies	Zip Code 29577-	OFFICE SUPPLIES
Candidate Name	Category/ Type	
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) <b>B. BNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 3513.28
City Glendale	State AZ	
Purpose of Disbursement Payroll Taxes	Zip Code 85308-	PAYROLL TAXES
Candidate Name	Category/ Type	
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) <b>c. Sara Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 101.00
City Marion	State SC	
Purpose of Disbursement Travel	Zip Code 29571-	TRAVEL
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3755.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 75			
	<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) <b>A. Sara Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 32.69
City Marion	State SC Zip Code 29571-	
Purpose of Disbursement Office Supplies-Paper	Candidate Name	Transaction ID : 21024.E707
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	OFFICE SUPPLIES-PAPER

Full Name (Last, First, Middle Initial) <b>B. Sara Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 651.92
City Marion	State SC Zip Code 29571-	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : 21024.E708
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	SALARY

Full Name (Last, First, Middle Initial) <b>c. Capital Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 488.93
City Washington	State DC Zip Code 20003-	
Purpose of Disbursement Event Catering	Candidate Name	Transaction ID : 21024.E665
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	EVENT CATERING

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1173.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 75			
	<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) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 839.06
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Event Catering		Category/ Type	<b>Transaction ID : 21024.E666</b>
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)		EVENT CATERING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. City of Florence</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 180 N. Irby St.			Amount of Each Disbursement this Period 342.70
City Florence	State SC	Zip Code 29501-	
Purpose of Disbursement Utilities		Category/ Type	<b>Transaction ID : 21024.E667</b>
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)		UTILITIES
State: District:			

Full Name (Last, First, Middle Initial) <b>c. City of Georgetown</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 120 N. Fraser St.			Amount of Each Disbursement this Period 250.00
City Georgetown	State SC	Zip Code 29440-	
Purpose of Disbursement Signage		Category/ Type	<b>Transaction ID : 21024.E668</b>
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)		SIGNAGE
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1431.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 75			
	<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) <b>A. DC Taxes</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 1636 Bladensburg Rd.			Amount of Each Disbursement this Period 79.77
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : 21024.E670</b>
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)		TRAVEL
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jonathan Dix</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 118 Mallard St			Amount of Each Disbursement this Period 141.57
City Greenville	State SC	Zip Code 29601-	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : 21024.E686</b>
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)		TRAVEL
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Jonathan Dix</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 118 Mallard St			Amount of Each Disbursement this Period 141.57
City Greenville	State SC	Zip Code 29601-	
Purpose of Disbursement Salary		Category/ Type	<b>Transaction ID : 21024.E687</b>
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)		SALARY
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	362.91
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 75	
	<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) <b>A. Exxon Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 24264 Highway 17			Amount of Each Disbursement this Period 218.49	
City Garden City	State SC	Zip Code 29576-	Transaction ID : 21024.E675	
Purpose of Disbursement Travel		Category/ Type	TRAVEL	
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) <b>B. Farmer Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012	
Mailing Address 7891 Broad River Rd.			Amount of Each Disbursement this Period 8000.00	
City Irmo	State SC	Zip Code 29063-	Transaction ID : 21024.E676	
Purpose of Disbursement Fundraising Consulting		Category/ Type	FUNDRAISING CONSULTING	
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) <b>C. Fed Ex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012	
Mailing Address 1170 Seaboard St.			Amount of Each Disbursement this Period 73.43	
City Myrtle Beach	State FL	Zip Code 29577-	Transaction ID : 21024.E677	
Purpose of Disbursement Postage/Shipping		Category/ Type	POSTAGE/SHIPPING	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8291.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 75			
	<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) <b>A. Firehouse Subs</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 1211 38th Ave. N.		Amount of Each Disbursement this Period 114.82
City Myrtle Beach	State SC	
Zip Code 29577-		MEETING-MEALS
Purpose of Disbursement Meeting-Meals		
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lowes Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address Store #234 Grand Dunes		Amount of Each Disbursement this Period 93.42
City Myrtle Beach	State SC	
Zip Code 29577-		EVENT CATERING
Purpose of Disbursement Event Catering		
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mamie Gunter</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1970 Gray Oaks Drive		Amount of Each Disbursement this Period 408.33
City Conway	State SC	
Zip Code 29526-		IN KIND: EVENT CATERING FOOD & DRINK
Purpose of Disbursement Event Catering Food & Drink		
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	616.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 75	
	<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) <b>A. Kenneth Gunter, Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1970 Gray Oaks Dr.		Amount of Each Disbursement this Period 408.33 <b>Transaction ID : 21020.C3130IK</b>
City Conway	State SC	
Zip Code 29526-7426	Purpose of Disbursement Event Catering Food & Drink	IN KIND: EVENT CATERING FOOD & DRINK
Candidate Name	Category/ Type	
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) <b>B. Hill South</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address PO Box 3949		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : 21024.E682</b>
City Florence	State SC	
Zip Code 29502-	Purpose of Disbursement Telephone	TELEPHONE
Candidate Name	Category/ Type	
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) <b>c. Emma Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 9593 N Kings Hwy		Amount of Each Disbursement this Period 408.33 <b>Transaction ID : 21020.C3128IK</b>
City Myrtle Beach	State SC	
Zip Code 29572-4005	Purpose of Disbursement Event Catering Food & Drink	IN KIND: EVENT CATERING FOOD & DRINK
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1116.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 75			
	<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) <b>A. Wanda Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1890 Arundel Rd.		Amount of Each Disbursement this Period 408.33
City Myrtle Beach	State SC	
Zip Code 29577-5907	Purpose of Disbursement Event Catering Food and Drink	<b>Transaction ID : 21020.C3125IK</b>
Candidate Name	Category/Type	
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)	IN KIND: EVENT CATERING FOOD AND DRINK
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William C. Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 9593 N Kings Hwy		Amount of Each Disbursement this Period 408.33
City Myrtle Beach	State SC	
Zip Code 29572-4005	Purpose of Disbursement Event Catering Food & Drink	<b>Transaction ID : 21020.C3127IK</b>
Candidate Name	Category/Type	
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)	IN KIND: EVENT CATERING FOOD & DRINK
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William H. Howard, Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 5710 Country Club Dr		Amount of Each Disbursement this Period 408.33
City Myrtle Beach	State SC	
Zip Code 29577-2212	Purpose of Disbursement Event Catering Food & Drink	<b>Transaction ID : 21020.C3126IK</b>
Candidate Name	Category/Type	
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)	IN KIND: EVENT CATERING FOOD & DRINK
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1224.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 75	
	<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) <b>A. Kangaroo Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 392.10 <b>Transaction ID : 21024.E689</b>
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Category/ Type TRAVEL
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) <b>B. Andrew Kennedy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 15 Point Comfort		Amount of Each Disbursement this Period 512.30 <b>Transaction ID : 21024.E662</b>
City Columbia	State SC	
Zip Code 29209-	Purpose of Disbursement Salary	Category/ Type SALARY
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) <b>c. E.C. OBryan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 800 E. Cheves St. Ste. 200		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : 21025.C3250IK</b>
City Florence	State SC	
Zip Code 29506-2651	Purpose of Disbursement Event Catering Food and Drink	Category/ Type IN KIND: EVENT CATERING FOOD AND DRINK
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2404.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 75	
	<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) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 2301 N. Kings Hwy.		Amount of Each Disbursement this Period 350.19
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Transaction ID : 21024.E695
Candidate Name	Category/Type	
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 1105 Seaboard St.		Amount of Each Disbursement this Period 123.38
City Myrtle Beach	State SC	
Zip Code 29577-6527	Purpose of Disbursement Office Supplies	Transaction ID : 21024.E696
Candidate Name	Category/Type	
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Old Ebbitt Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 675 15th St. NW		Amount of Each Disbursement this Period 279.97
City Washington	State DC	
Zip Code 20005-	Purpose of Disbursement Event Catering	Transaction ID : 21024.E697
Candidate Name	Category/Type	
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)	EVENT CATERING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	753.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 75			
	<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) <b>A. Osbornes Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address PO Box 4897			Amount of Each Disbursement this Period 2642.08
City Florence	State SC	Zip Code 29502-	Transaction ID : 21024.E698
Purpose of Disbursement Event Catering		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EVENT CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St., 1st Fl.			Amount of Each Disbursement this Period 541.39
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 21024.E742
Purpose of Disbursement Online Processing		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE PROCESSING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pamela Ratliffe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 2508 Parkland Dr.			Amount of Each Disbursement this Period 689.38
City Florence	State SC	Zip Code 29501-	Transaction ID : 21024.E699
Purpose of Disbursement Salary		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3872.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 75	
	<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) <b>A. Stephanie Rawlinson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 358.00 <b>Transaction ID : 21024.E722</b>
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Travel	Category/ Type TRAVEL
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) <b>B. Stephanie Rawlinson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 689.38 <b>Transaction ID : 21024.E723</b>
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Salary	Category/ Type SALARY
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) <b>c. Jacob Rice</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89 <b>Transaction ID : 21024.E683</b>
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Salary	Category/ Type SALARY
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1913.27
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 75			
	<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) <b>A. Lee Ann Rice</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 3771 Rice Hope Ct.			Amount of Each Disbursement this Period 1184.62 <b>Transaction ID : 21024.E691</b>
City Myrtle Beach	State SC	Zip Code 29577-5950	
Purpose of Disbursement Salary		Category/ Type	SALARY
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) <b>B. Ethan Rivera</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 414 Poplar St.			Amount of Each Disbursement this Period 689.38 <b>Transaction ID : 21024.E673</b>
City Florence	State SC	Zip Code 29501-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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) <b>c. Sams Club</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 10th Ave.			Amount of Each Disbursement this Period 177.47 <b>Transaction ID : 21024.E704</b>
City Myrtle Beach	State SC	Zip Code 0 -	
Purpose of Disbursement Event Catering		Category/ Type	EVENT CATERING
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2051.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 75			
	<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) <b>A. Sandy Ocean BBQ</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address PO Box 334			Amount of Each Disbursement this Period 800.00
City Bennettsville	State SC	Zip Code 29512-	
Purpose of Disbursement Event Catering		Category/ Type	<b>Transaction ID : 21024.E705</b>
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)		<b>EVENT CATERING</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sea Captains House</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 3000 N. Ocean Blvd.			Amount of Each Disbursement this Period 33.60
City Myrtle Beach	State SC	Zip Code 29577-	
Purpose of Disbursement Meeting-Meals		Category/ Type	<b>Transaction ID : 21024.E709</b>
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)		<b>MEETING-MEALS</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 20000.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Strategic Consulting		Category/ Type	<b>Transaction ID : 21024.E711</b>
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)		<b>STRATEGIC CONSULTING</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20833.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 75			
	<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) <b>A. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 915.27
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Printing		Category/ Type	<b>Transaction ID : 21024.E720</b>
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)		PRINTING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 1205.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Print Ads		Category/ Type	<b>Transaction ID : 21024.E716</b>
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)		PRINT ADS
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 19181.34
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Direct Mail		Category/ Type	<b>Transaction ID : 21024.E717</b>
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)		DIRECT MAIL
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21301.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 75			
	<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) <b>A. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 1608.03
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Priting		Category/ Type	<b>Transaction ID : 21024.E718</b>
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)		PRITING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 3172.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Tshirts/Bummpers Stickers		Category/ Type	<b>Transaction ID : 21024.E712</b>
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)		TSHIRTS/BUMMPER STICKERS
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 628.79
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Tshirts/Bumper Stickers		Category/ Type	<b>Transaction ID : 21024.E713</b>
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)		TSHIRTS/BUMPER STICKERS
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5408.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 75			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 4448.98
City Lexington	State SC	Zip Code 29072-	Transaction ID : 21024.E721
Purpose of Disbursement Printing	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		PRINTING
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 286.70
City Lexington	State SC	Zip Code 29072-	Transaction ID : 21024.E714
Purpose of Disbursement TShirts/Bumper Stickers	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TSHIRTS/BUMPER STICKERS
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 1074.95
City Lexington	State SC	Zip Code 29072-	Transaction ID : 21024.E715
Purpose of Disbursement TShirts/Bumper Stickers	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TSHIRTS/BUMPER STICKERS
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5810.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 75			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Starboard Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 3905.50
City Lexington	State SC	Zip Code 29072-	Transaction ID : 21024.E719
Purpose of Disbursement Printing	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		PRINTING
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Joshua Summerford</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1325 Jackson Ave			Amount of Each Disbursement this Period 689.38
City Florence	State SC	Zip Code 29501-4520	Transaction ID : 21024.E688
Purpose of Disbursement Salary	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SALARY
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Surfsgns &amp; Designs</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 9629 Scipio Ln.			Amount of Each Disbursement this Period 233.26
City Myrtle Beach	State SC	Zip Code 29588-	Transaction ID : 21024.E725
Purpose of Disbursement Signage	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SIGNAGE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4828.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 75			
	<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) <b>A. SW Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 120 S. Irby St.		Amount of Each Disbursement this Period 203.04
City Florence	State SC	Zip Code 29501-
Purpose of Disbursement Printing	Transaction ID : 21024.E726	
Candidate Name	Category/ Type	
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)	PRINTING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Dunes Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012
Mailing Address 9000 N. Ocean Blvd.		Amount of Each Disbursement this Period 15763.49
City Myrtle Beach	State SC	Zip Code 29572-
Purpose of Disbursement Event Catering/Site Rental	Transaction ID : 21024.E728	
Candidate Name	Category/ Type	
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)	EVENT CATERING/SITE RENTAL
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thoroughbreds</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 1254 Highway 17		Amount of Each Disbursement this Period 442.28
City Myrtle Beach	State SC	Zip Code 29572-
Purpose of Disbursement Meeting-Meals	Transaction ID : 21024.E729	
Candidate Name	Category/ Type	
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)	MEETING-MEALS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16408.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 75	
	<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) <b>A. Transfirst</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 12202 Airport Way, Ste. 100		Amount of Each Disbursement this Period 257.88
City Broomfield State CO Zip Code 80021-	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type	<b>Transaction ID : 21024.E731</b>
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)	MERCHANT FEES	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 165.25
City Myrtle Beach State SC Zip Code 29577-	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<b>Transaction ID : 21024.E734</b>
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)	POSTAGE	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Victors Bistro &amp; Garden Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1247 S. Irby St.		Amount of Each Disbursement this Period 1599.00
City Florence State SC Zip Code 29505-	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	<b>Transaction ID : 21024.E737</b>
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)	EVENT CATERING	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2022.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 75			
	<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) <b>A. Vonage Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 23 Main St		Amount of Each Disbursement this Period 133.39
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephone	Transaction ID : 21024.E738
Candidate Name	Category/ Type	
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wal Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 10820 Kings Rd.		Amount of Each Disbursement this Period 184.51
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Office Supplies	Transaction ID : 21024.E739
Candidate Name	Category/ Type	
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William Wheat</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address PO Box 944		Amount of Each Disbursement this Period 513.30
City Langley	State SC	
Zip Code 29834-	Purpose of Disbursement Salary	Transaction ID : 21024.E740
Candidate Name	Category/ Type	
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)	SALARY
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	831.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 75			
	<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) <b>A. Jennifer Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66 <b>Transaction ID : 21024.E685</b>
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Salary	Category/ Type SALARY
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) <b>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 228 S. Washington St., Ste B7		Amount of Each Disbursement this Period 12803.83 <b>Transaction ID : 21012.E539</b>
City Alexandra	State VA	
Zip Code 22314-	Purpose of Disbursement Fundraising	Category/ Type FUNDRAISING
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) <b>c. Travis Worthy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 980.77 <b>Transaction ID : 21024.E732</b>
City Surfside Beach	State SC	
Zip Code 29587-4231	Purpose of Disbursement Salary	Category/ Type SALARY
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15007.26
<b>TOTAL</b> This Period (last page this line number only).....	140145.65

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **TOM RICE FOR CONGRESS** Transaction ID : **LS20822.C2147**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Tom Rice</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5100 N. Ocean Blvd.		

City	State	ZIP Code
Myrtle Beach	SC	29577-2541

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2012	M 08 / D 21 / Y 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="100000.00"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**