

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 310-A

Check if different than previously reported. (ACC)

Myrtle Beach

SC

29577-5443

2. FEC IDENTIFICATION NUMBER ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y / 2014

in the State of

SC

5. Covering Period

M M / 10

D D / 16

Y Y Y Y / 2014

through

M M / 11

D D / 24

Y Y Y Y / 2014

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 Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

M M / 12

D D / 04

Y Y Y Y / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM RICE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	38345.00	1158815.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	8250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38345.00	1150565.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	131406.93	636252.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	121.28	1101.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	131285.65	635151.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	399591.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	24000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 49

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

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

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="11350.00"/>	<input type="text" value="656024.05"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="1395.00"/>	<input type="text" value="16298.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="12745.00"/>	<input type="text" value="672322.05"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="25600.00"/>	<input type="text" value="486493.63"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 49

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
38345.00	1158815.68	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
121.28	1101.41	121.28
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
38466.28	1159917.09	121.28

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 49

Write or Type Committee Name

TOM RICE FOR CONGRESS

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

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="131406.93"/>	<input type="text" value="636252.86"/>	<input type="text" value="45007.52"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="76000.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="76000.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="6250.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 49

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

0.00	2000.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	8250.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

24000.00	235955.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

155406.93	956457.86	45007.52
-----------	-----------	----------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

38345.00	1150565.68	0.00
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IV. NET OPERATING EXPENDITURES

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

131285.65	635151.45	44886.24
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	516532.03
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	38466.28
25. SUBTOTAL (add Line 23 and Line 24).....	554998.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	155406.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	399591.38

**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 49
	<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

A. Full Name (Last, First, Middle Initial)
J. Frank Chisholm

Mailing Address 4506 Langston Rd

City Timmonsville State SC Zip Code 29161-8596

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

Name of Employer SMS Company Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : A0B07CFBAB3A44BD8AF6

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1454 Jebaily Circle

City Florence State SC Zip Code 29505-2923

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

Name of Employer Mcleod Hospital Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : AF0D65166198E452BB0A

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 409 39th Ave N

City Myrtle Beach State SC Zip Code 29577-2703

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : A4770A79EEFBB4786860

Amount of Each Receipt this Period
 100.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<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)
Tiffany Saunders

Mailing Address 1901 Kensington Street

City Florence	State SC	Zip Code 29505-3256
------------------	-------------	------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : A054488666A424B9FBED

Amount of Each Receipt this Period
1000.00

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

Mailing Address 406 Pine Cir

City Myrtle Beach	State SC	Zip Code 29572-4742
----------------------	-------------	------------------------

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

Name of Employer Fha Appraisers	Occupation Appraisal Service
------------------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : A8CBDAC2665524EF99DE

Amount of Each Receipt this Period
250.00

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

Mailing Address 5131 Highway 19

City Conway	State SC	Zip Code 29526-6037
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FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Underwriters Inc.	Occupation Executive Vice President
---	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : AF49215687E734A0E888

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<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)
James C. Crawford III

Mailing Address 209 McIver St

City State Zip Code
Cheraw SC 29520-1736

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

Name of Employer Occupation
Bc Moore & Sons Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : ABF008B267650401992E

Amount of Each Receipt this Period
1000.00

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

Mailing Address 210 80th Ave N

City State Zip Code
Myrtle Beach SC 29572-4338

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

Name of Employer Occupation
Self Employed Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : AA3287837D63D4EBD8E7

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John Jebaily

Mailing Address 1811 S Irby St
Ste 109

City State Zip Code
Florence SC 29505-3444

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

Name of Employer Occupation
Century 21 Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : AF36DB6B83C3543698A7

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<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)
Ed Shelley

Mailing Address PO Box 1024

City Murrells Inlet State SC Zip Code 29576-1024

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

Name of Employer Shelley Farms Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : AE56521AE6E5942E4BB6

Amount of Each Receipt this Period
3000.00

Reattribution Requested

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

Mailing Address 4201 N Ocean Blvd

City Myrtle Beach State SC Zip Code 29577-2751

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

Name of Employer Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : A285856D7B6AE48C78F2

Amount of Each Receipt this Period
500.00

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

Mailing Address 838 S Parker Drive

City Florence State SC Zip Code 29501-6056

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

Name of Employer Self Employed Occupation Property Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : AA85FFE77C15A4B3EAEE

Amount of Each Receipt this Period
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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) A. Hoyt C Bellamy Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 5808 Canterbury Ln		Transaction ID : A42008F43E9F144BEA8F	
City Myrtle Beach	State SC	Zip Code 29577-2208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Accuchex	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00		

Full Name (Last, First, Middle Initial) B. Robert Bennett Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 219 3rd St		Transaction ID : AA866B85DD42A4E389F7	
City Cheraw	State SC	Zip Code 29520-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Bennett Motors	Occupation Owner		
Receipt For: 2014 <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) C.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	11350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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)
BNSF Railpac

Mailing Address P.O. Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : AEE4A19A1940C429BA78

Amount of Each Receipt this Period
2000.00

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

Mailing Address PO Box 764

City State Zip Code
Columbia SC 29202-0764

FEC ID number of contributing federal political committee. **C** C00200907

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : A713F742F72024D5B904

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1737 King Street
Suite 200

City State Zip Code
Alexandria VA 22314-2727

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : A8B86500EA2EF43A7BFE

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 49
	<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)
Realtors Pac

Mailing Address 430 N Michigan Ave # 60611

City	State	Zip Code
Chicago	IL	60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : AD46D4E355CC04277AF9

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : A25560ADDB79C48168F8

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 1290

City	State	Zip Code
Winston Salem	NC	27102-1290

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : A9F1CC9BDCDE44556BCD

Amount of Each Receipt this Period
1000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<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)
Dealers Election Action Committee

Mailing Address 8400 Westpark Dr.

City State Zip Code
Mc Lean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : ACEC0E523371A4CF080F

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : AAA4443498170454EB0A

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : A5B5D4A13C04E4B30AA3

Amount of Each Receipt this Period
5000.00

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

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

10000.00

**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 16 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Victors Bistro & Garden Room		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1247 S Irby St		Amount of Each Disbursement this Period 6226.81 Transaction ID : B348308D073454C25AF6
City Florence	State SC	
Zip Code 29505-2754	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 24.83 Transaction ID : B00D4BC33082B471A9FF
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CVS		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1303 38th Ave., N.		Amount of Each Disbursement this Period 13.02 Transaction ID : B6AE1F5920F4B4402927
City Myrtle Beach	State SC	
Zip Code 29577-1315	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6264.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 197.94 Transaction ID : BF9DB4B1CB3C04B83902
City Myrtle Beach	State SC	
Zip Code 29572-4337	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 50 Beale St., 10th Floor		Amount of Each Disbursement this Period 150.00 Transaction ID : B0CD5EF8F607942BC810
City San Francisco	State CA	
Zip Code 94105-1813	Purpose of Disbursement Web Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 1653.43 Transaction ID : BC8C76CE9B313458FA42
City Myrtle Beach	State SC	
Zip Code 29577-3103	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2001.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address Store #116		Amount of Each Disbursement this Period 15.90
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Office Supplies	Transaction ID : BB0795848149D44F0BEF
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 984.93
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Salary	Transaction ID : B5C2856CBE6E040D3921
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 588.02
City Myrtle Beach	State SC	
Zip Code 29577-2351	Purpose of Disbursement Salary	Transaction ID : BFBDBC1E4A52644B3874
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1588.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tyler Wyeth			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1107 48th Avenue N. Suite 310A			Amount of Each Disbursement this Period 261.89 Transaction ID : B79681ADA84374FEA82F
City Myrtle Beach	State SC	Zip Code 29577-5443	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. James Lucas Rice			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5100 N Ocean Blvd			Amount of Each Disbursement this Period 2279.40 Transaction ID : BEF1A1626E4724C6EB0D
City Myrtle Beach	State SC	Zip Code 29577-2541	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 419.81 Transaction ID : BA78AF2109DA441CEA54
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Meeting Expense-Food/Beverage		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2961.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Harrys Reserve		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 909 New Jersey Ave, SE		Amount of Each Disbursement this Period 101.11 Transaction ID : B4CE7B56A44414F53817
City Washington State DC Zip Code 20003-3382	Purpose of Disbursement Meeting Expense-Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address Store #116		Amount of Each Disbursement this Period 99.09 Transaction ID : B6C65DB9F4E58438DABD
City Myrtle Beach State SC Zip Code 29577	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 221.93 Transaction ID : B361249315B454A41914
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meeting Expense-Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	422.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 49		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 10.36 Transaction ID : B52BCEA3859454054B4A
City Myrtle Beach	State SC Zip Code 29577-5705	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 45.46 Transaction ID : B48BCCBD248A416998C
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Accounting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address Store #116		Amount of Each Disbursement this Period 30.58 Transaction ID : B8DCDCAC502D04917A88
City Myrtle Beach	State SC Zip Code 29577	
Purpose of Disbursement Event Catering	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	86.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address Store #116		Amount of Each Disbursement this Period 304.75 Transaction ID : B5A3B200FC104422B81E
City Myrtle Beach	State SC	
Zip Code 29577	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Media General		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 333 E Franklin Street		Amount of Each Disbursement this Period 337.70 Transaction ID : BABD5DE7F545E428AA31
City Richmond	State VA	
Zip Code 23219-2213	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sonoma		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 233 Pennsylvania Ave SE		Amount of Each Disbursement this Period 71.40 Transaction ID : BC589E55D22A64A9A8D9
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Meeting Expense-Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	713.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Waccamaw Publishers		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 2510 Main Street		Amount of Each Disbursement this Period 1057.00 Transaction ID : BF5CD3DF0762F4C97A1D
City Conway	State SC	
Zip Code 29526-3365	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 40.70 Transaction ID : BB5033928447D44B98C0
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Croissants		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3751 Robert M Grissom Pkwy		Amount of Each Disbursement this Period 929.05 Transaction ID : BC7DEBE8BB44247BEB75
City Myrtle Beach	State SC	
Zip Code 29577-6412	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2026.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Parkway Office Plaza, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 70700		Amount of Each Disbursement this Period 2000.00 Transaction ID : BF4CF6859BF2B46C39AE
City Myrtle Beach	State SC	
Zip Code 29572-0030	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1107 48th Avenue N Suite 310-A		Amount of Each Disbursement this Period 259.79 Transaction ID : BE50059930C9C4965A75
City Myrtle Beach	State SC	
Zip Code 29577-5443	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1107 48th Avenue N Suite 310-A		Amount of Each Disbursement this Period 614.44 Transaction ID : BB16A7835A1ED447189C
City Myrtle Beach	State SC	
Zip Code 29577-5443	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2874.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 60000.00 Transaction ID : B51990751B6B84F7B845
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Advertising:TV/Cable Media Buy		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 275.77 Transaction ID : B965E92AFE96741FB802
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Online Ads		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Sun News		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 406		Amount of Each Disbursement this Period 2196.60 Transaction ID : BDD39909D84664ECD882
City Myrtle Beach	State SC Zip Code 29578-0406	
Purpose of Disbursement Advertising:Print Media		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	62472.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 24264 Highway 17		Amount of Each Disbursement this Period 6.03 Transaction ID : B47DECE8478DE4DA69CF
City Garden City	State SC Zip Code 29576	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. In News and Press Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 117 S Main Street		Amount of Each Disbursement this Period 268.50 Transaction ID : B512B2417AFF44BC48F7
City Darlington	State SC Zip Code 29532-3207	
Purpose of Disbursement Advertising:Print Media	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hotel Florence		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 126 West Evans St.		Amount of Each Disbursement this Period 155.23 Transaction ID : BA6D2F12D337149A1B58
City Florence	State SC Zip Code 29501-3426	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	429.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Media General		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 333 E Franklin Street		Amount of Each Disbursement this Period 1237.50 Transaction ID : BD65AD115B8CB4C79AAA
City Richmond	State VA Zip Code 23219-2213	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Dillon Herald		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 1288		Amount of Each Disbursement this Period 424.36 Transaction ID : BA51620C2164445859D2
City Dillon	State SC Zip Code 29536-1288	
Purpose of Disbursement Advertising:Print Media	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Bi-Lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address Store #116		Amount of Each Disbursement this Period 28.94 Transaction ID : B6C3239DE6E4B409C944
City Myrtle Beach	State SC Zip Code 29577	
Purpose of Disbursement Event Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1690.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flowers By Richard		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2817 N Oak Street		Amount of Each Disbursement this Period 63.72 Transaction ID : B0A50C3DA62AF4F59BA2
City Myrtle Beach	State SC	
Zip Code 29577-3133	Purpose of Disbursement Meeting Expense-Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Croissants		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3751 Robert M Grissom Pkwy		Amount of Each Disbursement this Period 59.65 Transaction ID : B0B0DDEF009A64FEFA3C
City Myrtle Beach	State SC	
Zip Code 29577-6412	Purpose of Disbursement Meeting Expense-Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2301 N Kings Hwy		Amount of Each Disbursement this Period 60.56 Transaction ID : B469E07A4AAF74F08974
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	183.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 89.65 Transaction ID : BA0C10E5C2C684491938
City Myrtle Beach	State SC	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 63.29 Transaction ID : B9F72E43897C94105B19
City Myrtle Beach	State SC	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 104.72 Transaction ID : B4B05CF3130AC4D67B27
City Myrtle Beach	State SC	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	257.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 517.05 Transaction ID : B2C5567318DB94B228B1
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Online Ads	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 15.00 Transaction ID : B9002E6E12FAB4AA3A08
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 410 First St., SE		Amount of Each Disbursement this Period 50.29 Transaction ID : B3E9D1FE242FE495D9BF
City Washington	State DC Zip Code 20003-1819	
Purpose of Disbursement Meeting Expense-Food/Beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	582.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 46.93 Transaction ID : BBCE790B0838E40E6ACA
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 166.57 Transaction ID : B26E1C58D2B6F4A8B80F
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 89.03 Transaction ID : B2E92CED8D0E44A3E83C
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	302.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address One PNC Plaza		Amount of Each Disbursement this Period 18.00 Transaction ID : B50AF23E2EB6F4543837
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement Bank Fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 85.24 Transaction ID : B1BBE93DB5ABB46AAAF3
City Myrtle Beach	State SC Zip Code 29577-3046	
Purpose of Disbursement Meeting Expense-Food/Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 54.25 Transaction ID : B8B21FFECC3FA49FB93A
City Myrtle Beach	State SC Zip Code 29577-3046	
Purpose of Disbursement Meeting Expense-Food/Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	157.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 773.38 Transaction ID : BD15FB25764824FF99FC
City Menlo Park	State CA	
Zip Code 94025-1452	Purpose of Disbursement Online Ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Carribbean Resort		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 96.42 Transaction ID : B02E3D6F45B074668BB3
City Myrtle Beach	State SC	
Zip Code 29577-3046	Purpose of Disbursement Meeting Expense-Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tyler Wyeth		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1107 48th Avenue N. Suite 310A		Amount of Each Disbursement this Period 254.15 Transaction ID : BAB369EAC4ADF425581B
City Myrtle Beach	State SC	
Zip Code 29577-5443	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1123.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 687.90 Transaction ID : B0A7BDDE986CF4C4383B
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. James Lucas Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 5100 N Ocean Blvd		Amount of Each Disbursement this Period 1139.70 Transaction ID : B235B9C8453D8471688E
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Colleen Wakefield		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 5912 Haskell Cir		Amount of Each Disbursement this Period 325.83 Transaction ID : BC066109EAFAC424C8AF
City Myrtle Beach	State SC	
Zip Code 29577-2351	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2153.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 40.00 Transaction ID : B32F0EC05A64E41CC998
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Accounting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. AccuChecks		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period 925.45 Transaction ID : BE5CF4C3C4B7B466EA0A
City Myrtle Beach	State SC Zip Code 29577-3103	
Purpose of Disbursement Payroll Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1043 Barr Rd		Amount of Each Disbursement this Period 9911.42 Transaction ID : B0F88CD30785C4B8FB82
City Lexington	State SC Zip Code 29072-8648	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10876.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49			
	<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) A. Sea Captains House		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 3000 N Ocean Blvd		Amount of Each Disbursement this Period 307.02 Transaction ID : B29A0F686DB634E4EB56
City Myrtle Beach	State SC Zip Code 29577-3046	
Purpose of Disbursement Meeting Expense-Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1107 48th Avenue N Suite 310-A		Amount of Each Disbursement this Period 440.35 Transaction ID : BC3FC3D27191B4A6BBE7
City Myrtle Beach	State SC Zip Code 29577-5443	
Purpose of Disbursement Mileage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Avis RentACar		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 6 Sylvan Way		Amount of Each Disbursement this Period 648.75 Transaction ID : B851B82D548EC49B090E
City Parsippany	State NJ Zip Code 07054-3826	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1396.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Georgetown Times		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2014
Mailing Address 615 Front Street		Amount of Each Disbursement this Period 472.24 Transaction ID : B4521FCC884E743E380D
City Georgetown	State SC	
Zip Code 29440-3623	Purpose of Disbursement Advertising:Print Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Starbucks		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 2401 Utah Ave S		Amount of Each Disbursement this Period 300.00 Transaction ID : B99D18E55072B4FF99BA
City Seattle	State WA	
Zip Code 98134-1436	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Andrukitis Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 50 East St., SE		Amount of Each Disbursement this Period 1375.92 Transaction ID : BC27ACA70AA3D48E590D
City Washington	State DC	
Zip Code 20003-2620	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2148.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UsAirways		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 256.20 Transaction ID : BD0B1921C95DC4DA48EB
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lucky Rooster Kitchen		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 841 William Hilton Pkwy		Amount of Each Disbursement this Period 574.75 Transaction ID : B1C27742BB4A74E99B1F
City Hilton Head	State SC Zip Code 29928-3412	
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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UsAirways		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 21.00 Transaction ID : B12F6D603764741BEA7E
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	851.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UsAirways		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 Transaction ID : BBA44153C686E4114AB1
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Starbucks		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 2401 Utah Ave S		Amount of Each Disbursement this Period 25.00 Transaction ID : B09C47AA66690465C8F8
City Seattle	State WA Zip Code 98134-1436	
Purpose of Disbursement Event Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Alex Eline		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 7901 Beach Dr.		Amount of Each Disbursement this Period 956.71 Transaction ID : BD38477F27D9E4034BC8
City Myrtle Beach	State SC Zip Code 29572-4337	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1181.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 49	
	<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)		Date of Disbursement
A. AccuChecks		M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Accounting	Category/Type	
Candidate Name	Transaction ID : BB168EDE6D3144018949	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. AccuChecks		M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 605 19th Ave N		Amount of Each Disbursement this Period
City Myrtle Beach	State SC	Zip Code 29577-3103
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name	Transaction ID : B52D608F9CDC34E5C868	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Winfrey & Company		M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 228 S Washington St Ste B7		Amount of Each Disbursement this Period
City Alexandria	State VA	Zip Code 22314-5408
Purpose of Disbursement Fundraising Consulting/Catering/Travel	Category/Type	
Candidate Name	Transaction ID : BED1AFAED46CF4E26B6C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10634.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James Lucas Rice			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 5100 N Ocean Blvd			Amount of Each Disbursement this Period 1139.70 Transaction ID : B5C58AFB6FB04488A864
City Myrtle Beach	State SC	Zip Code 29577-2541	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Jacob Rice			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 5100 N Ocean Blvd			Amount of Each Disbursement this Period 645.27 Transaction ID : B0F24E1C445194E639B8
City Myrtle Beach	State SC	Zip Code 29577-2541	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Media General			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 333 E Franklin Street			Amount of Each Disbursement this Period 337.50 Transaction ID : B9AE2BC7861E3447CB37
City Richmond	State VA	Zip Code 23219-2213	
Purpose of Disbursement Advertising		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2122.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49			
	<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)		Date of Disbursement										
A. Media General		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		20		2014
M M	/	D D	/	Y Y Y Y								
11		20		2014								
Mailing Address 333 E Franklin Street		Amount of Each Disbursement this Period										
City Richmond	State VA Zip Code 23219-2213											
Purpose of Disbursement Advertising	Category/Type	<table border="1"> <tr> <td>153.75</td> </tr> </table>	153.75									
153.75												
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B62454A4A8EEB41F39FE										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Congressional Institute		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		21		2014
M M	/	D D	/	Y Y Y Y								
11		21		2014								
Mailing Address 401 Wythe St # 103		Amount of Each Disbursement this Period										
City Alexandria	State VA Zip Code 22314-1915											
Purpose of Disbursement Meeting Expense-Seminar	Category/Type	<table border="1"> <tr> <td>1127.00</td> </tr> </table>	1127.00									
1127.00												
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B0F8F5CF6E6934372906										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Capitol Hill Club		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		21		2014
M M	/	D D	/	Y Y Y Y								
11		21		2014								
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period										
City Washington	State DC Zip Code 20003-1801											
Purpose of Disbursement Meeting Expense-Food/Beverage	Category/Type	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00												
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BB1F007EEA4EF4B07A2F										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1330.75</td> </tr> </table>	1330.75
1330.75		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 43 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 216.87 Transaction ID : B167FC73B94AA43A4872
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expense-Food/Beverage	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 1107 48th Avenue N Suite 310-A		Amount of Each Disbursement this Period 716.29 Transaction ID : BA6FDF2451ED947A19DD
City Myrtle Beach	State SC	
Zip Code 29577-5443	Purpose of Disbursement Mileage	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Huckaby Davis Lisker		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 7090.93 Transaction ID : B887AFF986B0644D0AED
City Alexandria	State VA	
Zip Code 22314-5404	Purpose of Disbursement Compliance Consulting	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8024.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 1128.85 Transaction ID : B006A0A703D404EC1861
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 505 N Kings Hwy		Amount of Each Disbursement this Period 5.75 Transaction ID : B9DA0AE42794E44038D6
City Myrtle Beach	State SC Zip Code 29577-3978	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1134.60
TOTAL This Period (last page this line number only).....	127994.65

**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 45 OF 49
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matt Moore for Chairman		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 12373		Amount of Each Disbursement this Period 4000.00 Transaction ID : BCC06867674264DE0B4B
City Columbia	State SC	
Zip Code 29211-2373	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LEE TERRY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 540098		Amount of Each Disbursement this Period 2000.00 Transaction ID : B247BAA2D23174E93B36
City OMAHA	State NE	
Zip Code 68154-0098	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name Rep. Lee R. Terry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NE District: 02	

Full Name (Last, First, Middle Initial) c. McSally for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 18612		Amount of Each Disbursement this Period 2000.00 Transaction ID : BDB950812BAA948FEB61
City Tucson	State AZ	
Zip Code 85731-8612	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name Martha E. McSally	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 02	

SUBTOTAL of Disbursements This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 49	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDY TOBIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2532 NORTH 4TH STREET #528		Amount of Each Disbursement this Period 2000.00 Transaction ID : BF682C5AAE6CD4608B1C
City FLAGSTAFF State AZ Zip Code 86004	Purpose of Disbursement Committee Contribution	
Candidate Name Andy Hon Tobin	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 01		

Full Name (Last, First, Middle Initial) B. CARLOS CURBELO CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 8770 SUNSET DRIVE #355		Amount of Each Disbursement this Period 2000.00 Transaction ID : B80F218155650457DB5E
City MIAMI State FL Zip Code 33173	Purpose of Disbursement Committee Contribution	
Candidate Name Carlos Curbelo	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) C. COMSTOCK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 831		Amount of Each Disbursement this Period 2000.00 Transaction ID : B62CE896755564B1ABD2
City MC LEAN State VA Zip Code 22101	Purpose of Disbursement Committee Contribution	
Candidate Name Barbara J Comstock	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 49			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MOONEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1863		Amount of Each Disbursement this Period 2000.00 Transaction ID : BB9B42CCA0EDE4E02901
City MARTINSBURG	State WV	
Zip Code 25402	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name Alexander Xavier Mooney	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: 02	

Full Name (Last, First, Middle Initial) B. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00 Transaction ID : B275CFC06ABFB4881870
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name David Young	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 03	

Full Name (Last, First, Middle Initial) C. MARILINDA GARCIA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 821		Amount of Each Disbursement this Period 2000.00 Transaction ID : B82B8118D2A3945FD92B
City SALEM	State NH	
Zip Code 03079	Purpose of Disbursement Committee Contribution	Category/ Type
Candidate Name Marilinda Garcia	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 02	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 49	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 2000.00 Transaction ID : B81032F8D7C324A73B9F
City OAKLAND State ME Zip Code 04963	Purpose of Disbursement Committee Contribution	
Candidate Name Bruce L Poliquin	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) B. WESTERMAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 21097		Amount of Each Disbursement this Period 2000.00 Transaction ID : B72F0518FD562474FB16
City HOT SPRINGS State AR Zip Code 71903	Purpose of Disbursement Committee Contribution	
Candidate Name Bruce Westerman	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

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

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	24000.00

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

NAME OF COMMITTEE (In Full) **TOM RICE FOR CONGRESS** Transaction ID : **C1955110F2BCF4ACF973**

LOAN SOURCE Full Name (Last, First, Middle Initial) Tom Rice	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2012
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
50000.00	26000.00	24000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 19 / Y 2012 Y	M / D / Y None Y			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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	24000.00
TOTALS This Period (last page in this line only).....	▶	24000.00

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