

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

2. FEC IDENTIFICATION NUMBER ▼

C C00506048

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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 / D D / Y Y Y Y

11 / 06 / 2012

in the State of

SC

5. Covering Period

M M / D D / Y Y Y Y

10 / 18 / 2012

through

M M / D D / Y Y Y Y

11 / 26 / 2012

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

Type or Print Name of Treasurer Collins Wakefield

Signature of Treasurer Collins Wakefield

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 06 / 2012

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

Office Use Only

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))....	130000.96	1325385.21
(b) Total Contribution Refunds (from Line 20(d))	1000.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	129000.96	1322885.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	280013.17	1146085.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	592.97	2546.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	279420.20	1143539.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130731.39	
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).....	75000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

TOM RICE FOR CONGRESS

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
67718.51	1012621.67	6250.00
(ii) Unitemized		
7782.45	48413.54	125.00
(iii) Total of contributions from individuals		
75500.96	1061035.21	6375.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
54500.00	264350.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 114

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))		
130000.96	1325385.21	6375.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	15152.33	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	100000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	100000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
592.97	2546.44	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
130593.93	1443083.98	6375.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 114

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		
280013.17	1146085.59	90662.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
25000.00	0.00	25000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
25000.00	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
1000.00	1000.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 114

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	1500.00	0.00
------	---------	------

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

1000.00	2500.00	0.00
---------	---------	------

21. OTHER DISBURSEMENTS

51000.00	53480.00	1000.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

357013.17	1202065.59	116662.00
-----------	------------	-----------

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))

129000.96	1322885.21	6375.00
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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)

279420.20	1143539.15	90662.00
-----------	------------	----------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	357150.63
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	130593.93
25. SUBTOTAL (add Line 23 and Line 24).....	487744.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	357013.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	130731.39

**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 114
	<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)
Keith Allen

Mailing Address 1131 Highway 917 E

City Latta State SC Zip Code 29565-4124

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21102.C3357

Amount of Each Receipt this Period

In-Kind
Event Catering Food

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

Mailing Address 1131 Highway 917 E

City Latta State SC Zip Code 29565-4124

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21102.C3351

Amount of Each Receipt this Period

Receipt

C. Full Name (Last, First, Middle Initial)
David E. Anderson

Mailing Address PO Box 310

City Mullins State SC Zip Code 29574-0310

FEC ID number of contributing federal political committee.

Name of Employer Anderson Brothers Bank Occupation Banker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21026.C3271

Amount of Each Receipt this Period

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
	<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)
Cecilia P. Atkinson

Mailing Address 1118 Willow Brook Pl

City Mullins State SC Zip Code 29574-6192

FEC ID number of contributing federal political committee.

Name of Employer Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21026.C3276

Amount of Each Receipt this Period

Receipt

B. Full Name (Last, First, Middle Initial)
Gayle O. Averyt

Mailing Address PO Box 1365

City Columbia State SC Zip Code 29202-1365

FEC ID number of contributing federal political committee.

Name of Employer Occupation Information Requested
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3244

Amount of Each Receipt this Period

Receipt

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

Mailing Address 2220 Timberlane Dr.

City Florence State SC Zip Code 29506-8325

FEC ID number of contributing federal political committee.

Name of Employer Occupation Information Requested
Ballenger, Barth and Hoefer Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3157

Amount of Each Receipt this Period

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
	<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)
Fady Basilly

Mailing Address 347 Lantana Cir

City State Zip Code
Georgetown SC 29440-7298

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3150

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 9002 Kings Rd.

City State Zip Code
Myrtle Beach SC 29572-4726

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

Name of Employer Occupation
Bell Apartments Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
710.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : 21102.C3346

Amount of Each Receipt this Period
 Receipt 50.00

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

Mailing Address 6215 N. Ocean Blvd.

City State Zip Code
Myrtle Beach SC 29572-3301

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21205.C3411

Amount of Each Receipt this Period
 Memo -1000.00

[MEMO ITEM]
Refund

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

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

300.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

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

Mailing Address 406 Pine Cir.

City State Zip Code
Myrtle Beach SC 29572-4742

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

Name of Employer Occupation
Fha Appraisers Appraisal Service

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3232

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

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

Mailing Address 218 Harmon Park Blvd

City State Zip Code
Marion SC 29571-2401

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

Name of Employer Occupation
First Charter Company Inc Insurance and Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3185

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

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

Mailing Address 1335 Lazar Pl.

City State Zip Code
Florence SC 29501-5664

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

Name of Employer Occupation
ADP Corporation General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3395

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

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 114
	<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. Paula R. Brown		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2012	
Mailing Address 809 Cherokee Ave		Transaction ID : 21025.C3260	
City Marion	State SC	Zip Code 29571-2406	Amount of Each Receipt this Period Receipt 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer DEHEC	Occupation Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Terry Brown		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 1221 Main St Ste 1000 Suite 1000		Transaction ID : 21102.C3353	
City Columbia	State SC	Zip Code 29201-3255	Amount of Each Receipt this Period Receipt 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Edens Inc.	Occupation CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Candace Phillips Brown,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 1335 Lazar Pl.		Transaction ID : 21204.C3396	
City Florence	State SC	Zip Code 29501-5664	Amount of Each Receipt this Period Receipt 1500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer ADP	Occupation Executive		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 114
	<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)
Cullen Bryant

Mailing Address 2560 Bryant Rd

City State Zip Code
Dillon SC 29536-7412

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

Name of Employer Occupation
Bryant Farms Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : 21025.C3265

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
W. Tobin Cassels, III

Mailing Address 21 Dill Ct

City State Zip Code
Columbia SC 29204-3378

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

Name of Employer Occupation
Southeast Freight Lines President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : 21025.C3256

Amount of Each Receipt this Period
750.00

Receipt

C. Full Name (Last, First, Middle Initial)
W. Tobin Cassels, III

Mailing Address 21 Dill Ct

City State Zip Code
Columbia SC 29204-3378

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

Name of Employer Occupation
Southeast Freight Lines President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : 21026.C3270

Amount of Each Receipt this Period
250.00

Receipt

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 114
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W.T. Cassels, Jr.

Mailing Address **PO Box 1691**

City **Columbia** State **SC** Zip Code **29202-1691**

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

Name of Employer **Southeast Freight Lines** Occupation **Chairman**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
10 / 25 / 2012

Transaction ID : 21025.C3255

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **101 Greenwich Dr**

City **Georgetown** State **SC** Zip Code **29440-3737**

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

Name of Employer **Plantation Heritage Bank** Occupation **Banker**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
10 / 29 / 2012

Transaction ID : 21030.C3314

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
G. Hollis Cone

Mailing Address **PO Box 1775**

City **Columbia** State **SC** Zip Code **29202-1775**

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

Name of Employer **Defender Services** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
10 / 18 / 2012

Transaction ID : 21020.C3131

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christopher Conklin

Mailing Address 917 Mount Gilead Rd

City State Zip Code
Murrells Inlet SC 29576-7721

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

Name of Employer Occupation
Seven Seas Seafood Market Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3325

Amount of Each Receipt this Period
300.00

In-Kind
Event Food

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

Mailing Address 310 Sunset Trl.

City State Zip Code
Myrtle Beach SC 29577-2365

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

Name of Employer Occupation
Forest Dunes President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3380

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 137 Professional Ln Unit C

City State Zip Code
Pawleys Island SC 29585-8631

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

Name of Employer Occupation
Palmetto Infusion, Inc. President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3139

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1550.00

**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 15 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John N. Cox		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2012	
Mailing Address 907 Lombardy St		Transaction ID : 21026.C3283	
City Marion	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29571-2515		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JCent Computer Software	Occupation Computer Tech	Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	Receipt	

Full Name (Last, First, Middle Initial) B. Campbell Coxe		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address PO Box 505		Transaction ID : 21030.C3326	
City Darlington	State SC	Amount of Each Receipt this Period 45.68	
Zip Code 29540-0505		In-Kind	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1045.68	
Name of Employer Carolina Plantation	Occupation Head of Marketing	Event Food	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1045.68	Event Food	

Full Name (Last, First, Middle Initial) C. Cameron F. Crawford		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 20 Hilton Glen Ct		Transaction ID : 21030.C3337	
City Chapin	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29036-7525		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SC House Rep. Caucus	Occupation Executive	Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	Receipt	

SUBTOTAL of Receipts This Page (optional).....	545.68
TOTAL This Period (last page this line number only).....	545.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 114
	<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. Debbie Dawkins		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address PO Box 1096		Transaction ID : 21030.C3340	
City Hartsville	State SC	Zip Code 29551-1096	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 250.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Tony Denny		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address 104 John Preston Dr		Transaction ID : 21030.C3339	
City Lexington	State SC	Zip Code 29072-7714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Self Employed	Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Melissa M. Dill		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2012	
Mailing Address 830 Antrim Oake Ct		Transaction ID : 21204.C3392	
City Loris	State SC	Zip Code 29569-7295	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<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)
David Douglas

Mailing Address 125 Highway 501 W.

City Galivants Ferry State SC Zip Code 29544-7601

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

Name of Employer Self Employed Occupation Developer

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 21204.C3406

Amount of Each Receipt this Period
 _____ 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
David E. Dukes

Mailing Address 2605 Canterbury Rd

City Columbia State SC Zip Code 29204-2307

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

Name of Employer _____ Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 21204.C3403

Amount of Each Receipt this Period
 _____ 250.00

Receipt

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

Mailing Address 5712 Quail Hollow Ln.

City Myrtle Beach State SC Zip Code 29577-2232

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

Name of Employer Duncan & Farmer Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3248

Amount of Each Receipt this Period
 _____ 100.00

Receipt

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

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

_____ 1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 114
	<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)
Theresa Edwards

Mailing Address 1907 Hamiltons Cross Rd

City Marshville State NC Zip Code 28103-9097

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21026.C3279

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 578 Wallace Pate Dr.

City Georgetown State SC Zip Code 29440-7087

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

Name of Employer Coastal Nissan Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3145

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 649 Savannah Dr.

City Pawleys Island State SC Zip Code 29585-7895

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3142

Amount of Each Receipt this Period
200.00

Receipt

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

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

950.00

**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 19 OF 114
	<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)
Peter Fitzpatrick

Mailing Address PO Box 410

City Myrtle Beach State SC Zip Code 29578-0410

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

Name of Employer Self Employed Occupation Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3195

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert D. Gerald

Mailing Address 2420 E Highway 76

City Marion State SC Zip Code 29571-6349

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

Name of Employer Self Employed Occupation Auto Dealer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21026.C3306

Amount of Each Receipt this Period
1400.00

In-Kind
Event Site Rental

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

Mailing Address 1800 Husted Rd Unit B

City Conway State SC Zip Code 29526-8383

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

Name of Employer Services Group Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3158

Amount of Each Receipt this Period
500.00

Receipt

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<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)
Emerson F. Gower, Jr.

Mailing Address 320 Colony Club Dr.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : 21020.C3143

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kevin C. Gray

Mailing Address 1107 Meredith Dr

City State Zip Code
Florence SC 29505-3224

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

Name of Employer Occupation
Swamp Fox Timber Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : 21025.C3261

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 1795 Spinnaker Dr.

City State Zip Code
North Myrtle Beach SC 29582-6827

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : 21102.C3342

Amount of Each Receipt this Period
500.00

Receipt

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 114
	<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)
Glenn Hall

Mailing Address 151 Pinnacle Pl.

City Little River State SC Zip Code 29566-7217

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

Name of Employer National Finance Company Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21025.C3251

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Erin Phillips Hardwick

Mailing Address 117 Maritime Trl.

City Lexington State SC Zip Code 29072-9675

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

Name of Employer SC Association of Non Profit O Occupation Administration

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3161

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
D. Clinch Heyward

Mailing Address 1104 Club Cir.

City Pawleys Island State SC Zip Code 29585-5685

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

Name of Employer Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3393

Amount of Each Receipt this Period
 Receipt 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
	<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. Herbert Hostetler		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012	
Mailing Address PO Box 710		Transaction ID : 21025.C3189	
City Little River	State SC	Zip Code 29566-0710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.00		

Full Name (Last, First, Middle Initial) B. Jon C. Howell		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012	
Mailing Address 7588 Regina Ct		Transaction ID : 21020.C3151	
City Myrtle Beach	State SC	Zip Code 29572-8005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CVS	Occupation Pharmacist		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. S. Keith Hutto		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 2330 Terrace Way		Transaction ID : 21030.C3336	
City Columbia	State SC	Zip Code 29205-2340	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Nelson Mullins et al	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 114
	<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)
Suzanne C. Jennings

Mailing Address 803 E Main St

City State Zip Code
Bennettsville SC 29512-3221

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Florence Darlington Tech Education Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21020.C3160

Amount of Each Receipt this Period

Receipt

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

Mailing Address 4853 Surry Ln

City State Zip Code
Murrells Inlet SC 29576-5842

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Information Requested

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21204.C3401

Amount of Each Receipt this Period

Receipt

C. Full Name (Last, First, Middle Initial)
Edwin Johnson, II

Mailing Address 3522 Meredith Ln

City State Zip Code
Columbia SC 29205-1438

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 21030.C3323

Amount of Each Receipt this Period

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
	<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. Schipp Johnston		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2012	
Mailing Address 2647 Ascot Dr.		Transaction ID : 21204.C3404	
City Florence	State SC	Zip Code 29501-1969	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Crown Beverages, Inc.	Occupation Information Requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2014	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Mark S. Kelley		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2012	
Mailing Address 3083 Wildhorse Dr.		Transaction ID : 21020.C3159	
City Conway	State SC	Zip Code 29526-7838	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Tradd Commercial	Occupation Senior Advisor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Bobby Kelly		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2012	
Mailing Address 1341 44th Ave. N. Ste. 101		Transaction ID : 21204.C3397	
City Myrtle Beach	State SC	Zip Code 29577-5710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer State Farm Insurance	Occupation Insurance Agent		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 114
	<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. Rexford P. Kneece		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 22 Retreat Ln.		Transaction ID : 21030.C3338	
City Columbia	State SC	Zip Code 29209-0822	Amount of Each Receipt this Period Receipt 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kneece, Kneece & Brown	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Robert Knight		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 107 Lanneau Dr		Transaction ID : 21030.C3335	
City Greenville	State SC	Zip Code 29605-1709	Amount of Each Receipt this Period Receipt 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Christie M. Lawhon		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 611 West Palmetto Street		Transaction ID : 21204.C3410	
City Florence	State SC	Zip Code 29501-7573	Amount of Each Receipt this Period In-Kind Office space 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Florence Dental Implant Center	Occupation Dental		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 114
	<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. Mark Lawhon		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 611 W Palmetto St		Transaction ID : 21204.C3409	
City Florence	State SC	Zip Code 29501-4301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Florence Dental Implant Center	Occupation Oral Surgeon		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
		In-Kind Office Space	

Full Name (Last, First, Middle Initial) B. Edward Lee		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	
Mailing Address 800 E Cheves Street		Transaction ID : 21204.C3375	
City Florence	State SC	Zip Code 29501-5455	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		Receipt	

Full Name (Last, First, Middle Initial) C. Sarah Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2012	
Mailing Address 1191 Elk Valley Dr.		Transaction ID : 21023.C3166	
City Evergreen	State CO	Zip Code 80439-4924	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
		Receipt	

SUBTOTAL of Receipts This Page (optional).....	4750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 114
	<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. Blaine Liljenquist		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012	
Mailing Address 1250 Highway 17 N.		Transaction ID : 21025.C3199	
City Surfside Beach	State SC	Zip Code 29575-6006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 250.00	
Name of Employer Plantation Resort	Occupation Management		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) B. Barbara F. Livingston		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address PO Box 5181		Transaction ID : 21102.C3343	
City West Columbia	State SC	Zip Code 29171-5181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Gregory Electric Co	Occupation Director		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. B-4 Holding, LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2012	
Mailing Address 373 Old Carriage Loop		Transaction ID : 21204.C3407	
City Georgetown	State SC	Zip Code 29440-7028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 2500.00	
Name of Employer	Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2014	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 114
	<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)
J. Edward Bell, III

Mailing Address 232 King St.

City State Zip Code
Georgetown SC 29440-3536

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

Name of Employer Occupation
Bell Law Firm Attorney

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : 21204.C3408

Amount of Each Receipt this Period
2500.00

Memo
[MEMO ITEM]
Partnership->B-4 Holding, LLC PARTNERSHIP

B. Full Name (Last, First, Middle Initial)
Frederick W. Bellamy LLC

Mailing Address 6215 N Ocean Blvd

City State Zip Code
Myrtle Beach SC 29572-3301

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 21025.C3217

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 6215 N. Ocean Blvd.

City State Zip Code
Myrtle Beach SC 29572-3301

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 21025.C3221

Amount of Each Receipt this Period
1000.00

Memo
[MEMO ITEM]
Partnership->Frederick W. Bellamy LLC PARTNERSHIP

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 114
	<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)
PR Rental Properties LLC

Mailing Address 700 Blue St

City Marion State SC Zip Code 29571-2126

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21026.C3284

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 700 Blue St

City Marion State SC Zip Code 29571-2126

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

Name of Employer Occupation
PR Rental Property Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21026.C3288

Amount of Each Receipt this Period
500.00

Memo
[MEMO ITEM]
Partnership->PR Rental Properties LLC PARTNERSHIP

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

Mailing Address 1475 Four Mile Rd.

City Conway State SC Zip Code 29526-3805

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

Name of Employer Occupation
Self Employed Lawyer

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 21204.C3405

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 30 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles B. McElveen

Mailing Address 311 W Godbold St

City Marion State SC Zip Code 29571-3541

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

Name of Employer Swamp Fox Timber Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21025.C3262

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 1611 Parkins Mill Rd

City Greenville State SC Zip Code 29607-3642

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

Name of Employer Alice Manufacturing Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : 21102.C3365

Amount of Each Receipt this Period
 Receipt 2500.00

C. Full Name (Last, First, Middle Initial)
John L. Napier

Mailing Address PO Box 2874

City Pawleys Island State SC Zip Code 29585-2874

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3144

Amount of Each Receipt this Period
 Receipt 500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 114
	<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)
Thomas A. ONeal, Jr.

Mailing Address 4177 Highway 38 S.

City: Blenheim State: SC Zip Code: 29516-6535

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

Name of Employer: self-employed Occupation: Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 24 / 2012

Transaction ID : 21025.C3213

Amount of Each Receipt this Period: 250.00

Receipt

B. Full Name (Last, First, Middle Initial)
James A. Paquette

Mailing Address 2802 Middle St

City: Sullivans Island State: SC Zip Code: 29482-8640

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

Name of Employer: Self Employed Occupation: Financial Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2012

Transaction ID : 21020.C3141

Amount of Each Receipt this Period: 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
James R. Parker

Mailing Address 9641 Indigo Creek Blvd

City: Murrells Inlet State: SC Zip Code: 29576-8647

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2012
 Primary General
 Other (specify) Primary 2014

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 20 / 2012

Transaction ID : 21204.C3400

Amount of Each Receipt this Period: 250.00

Receipt

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carolyn C. Pearce

Mailing Address 1700 Cherokee Rd.

City State Zip Code
Florence SC 29501-4152

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

Name of Employer Occupation
Pearce and Pearce Insurance Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : 21204.C3386

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joe W. Pearce, Jr.

Mailing Address 1700 Cherokee Rd.

City State Zip Code
Florence SC 29501-4152

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

Name of Employer Occupation
Pearce & Pearce Insurance Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : 21204.C3385

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1383 Lazar Pl.

City State Zip Code
Florence SC 29501-5664

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

Name of Employer Occupation
McCleod Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : 21102.C3347

Amount of Each Receipt this Period
500.00

Receipt

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

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

5500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 33 OF 114

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Geoffrey R. Penland

Mailing Address 153 Carriage Hill Dr

City Lexington State SC Zip Code 29072-7503

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

Name of Employer Santee Cooper Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : 21030.C3334

Amount of Each Receipt this Period
 250.00

Receipt

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

Mailing Address 356 Rossdale Ave.

City Pawleys Island State SC Zip Code 29585

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

Name of Employer BB&T Ins. Services Occupation Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3233

Amount of Each Receipt this Period
 100.00

Receipt

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

Mailing Address 394 Dune Oaks Dr.

City Georgetown State SC Zip Code 29440-7119

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

Name of Employer Self Employed Occupation Salesman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 1819.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : 21020.C3165

Amount of Each Receipt this Period
 532.83

In-Kind
 Event Catering Food & Drink

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

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

882.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 114
	<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)
Donald A. Quattlebaum

Mailing Address 522 Rice Bluff Rd

City Pawleys Island State SC Zip Code 29585-8266

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

Name of Employer New Castle Imports, Inc Occupation Chairman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3205

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address PO Box 416

City Conway State SC Zip Code 29528-0416

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

Name of Employer Ray Realty, Inc Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1090.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3387

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 100 Walden Heights Dr

City Irmo State SC Zip Code 29063-7865

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : 21023.C3177

Amount of Each Receipt this Period
250.00

Receipt

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 35 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Dale Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 308
 City Mullins State SC Zip Code 29574-0308
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Attorney
 Receipt For: 2012
 Primary General
 Other (specify) Primary 2014
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 21204.C3402
 Amount of Each Receipt this Period
 500.00
 Receipt

B. Ryan Schafer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 307
 City Hamer State SC Zip Code 29547-0307
 FEC ID number of contributing federal political committee. C
 Name of Employer Schafer Co. Occupation President
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : 21030.C3327
 Amount of Each Receipt this Period
 300.00
 In-Kind
 Event Drinks

C. Malcolm Sellers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4645 Pine Grove Ct
 City Columbia State SC Zip Code 29206-4517
 FEC ID number of contributing federal political committee. C
 Name of Employer Blue Cross Blue Shield SC Occupation Chairman
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : 21104.C3366
 Amount of Each Receipt this Period
 2500.00
 Receipt

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

3300.00

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

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

FOR LINE NUMBER: PAGE 36 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E.J. Servant, III

Mailing Address 213 Ocean Blvd.

City State Zip Code
Myrtle Beach SC 29577

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

Name of Employer Occupation
Surfside Realty Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 24 2012

Transaction ID : 21025.C3196

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 901 Dogwood Dr.

City State Zip Code
Marion SC 29571-2601

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

Name of Employer Occupation
Services Group Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 25 2012

Transaction ID : 21025.C3258

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 710 Sweetbriar Ln

City State Zip Code
Conway SC 29526-4013

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

Name of Employer Occupation
Stanley Law Firm Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 18 2012

Transaction ID : 21020.C3132

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<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)
Henry Swink

Mailing Address 6615 S Irby St

City State Zip Code
Effingham SC 29541-3577

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

Name of Employer Occupation
McCall Farms President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : 21030.C3316

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 6615 S. Irby St.

City State Zip Code
Effingham SC 29541-3577

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

Name of Employer Occupation
McCall Farms Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : 21030.C3315

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bonnie Lee Sylvester

Mailing Address 784 Caines Landing Rd

City State Zip Code
Conway SC 29526-7033

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

Name of Employer Occupation
Carolina Green Clothing Recycl Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : 21102.C3344

Amount of Each Receipt this Period
1000.00

Receipt

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 114
	<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)
Gerald Tiller

Mailing Address 186 Colony Pointe

City State Zip Code
Georgetown SC 29440

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : 21030.C3321

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
J. Richards Todd

Mailing Address 2424 Heyward St.

City State Zip Code
Columbia SC 29205-3106

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

Name of Employer SC Trucking Assoc Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : 21025.C3254

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
J. Moultrie Truluck, III

Mailing Address PO Box 36

City State Zip Code
Lake City SC 29560-0036

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

Name of Employer Information Requested Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : 21020.C3140

Amount of Each Receipt this Period
500.00

Receipt

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 114
	<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)
Charles Wendell

Mailing Address PO Box 13509

City Charleston State SC Zip Code 29422-3509

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

Name of Employer VIM, Inc. Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : 21102.C3352

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 400 Cherokee Rd.

City Florence State SC Zip Code 29501-5229

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3203

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 302 Lipscomb St.

City Marion State SC Zip Code 29571-2304

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3186

Amount of Each Receipt this Period
200.00

Receipt

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

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

2950.00

**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 40 OF 114
	<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)
Melissa Wicker

Mailing Address 99 N Hermitage Rd.

City	State	Zip Code
Beaufort	SC	29902-5319

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

Name of Employer	Occupation
Gilbert Law Firm	Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : 21104.C3368

Amount of Each Receipt this Period
 Receipt 150.00

B. Full Name (Last, First, Middle Initial)
Stovall Witte, Jr.

Mailing Address 8546 San Marcello Dr., Unit 101

City	State	Zip Code
Myrtle Beach	SC	29579-5925

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

Name of Employer	Occupation
Coastal Educational Foundation	ECO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3313

Amount of Each Receipt this Period
 Receipt 250.00

C. Full Name (Last, First, Middle Initial)
George B. Wolfe

Mailing Address PO Box 11070

City	State	Zip Code
Columbia	SC	29211-1070

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

Name of Employer	Occupation
Nelson Mullins et al	Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : 21030.C3333

Amount of Each Receipt this Period
 Receipt 250.00

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

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

650.00

67718.51

**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 41 OF 114
	<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. AFIT PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 Prince St Ste 225
 Suite 225
 City Alexandria State VA Zip Code 22314-2882
 FEC ID number of contributing federal political committee. **C** C00250399
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : 21026.C3273
 Amount of Each Receipt this Period
 Receipt 2000.00

B. AICPA PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Leigh Farm Rd.
 City Durham State NC Zip Code 27707-8110
 FEC ID number of contributing federal political committee. **C** C00077321
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 21030.C3332
 Amount of Each Receipt this Period
 Receipt 2500.00

C. American Association Orthodontist PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Lindbergh Blvd
 City Saint Louis State MO Zip Code 63141-7839
 FEC ID number of contributing federal political committee. **C** C00293910
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 21102.C3361
 Amount of Each Receipt this Period
 Receipt 1000.00

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

5500.00

**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 42 OF 114
	<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)
American College of Cardiology PAC

Mailing Address 2400 N St NW

City Washington State DC Zip Code 20037-1153

FEC ID number of contributing federal political committee. **C C00375360**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : 21204.C3369

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
American Council of Engineering PAC

Mailing Address 1015 15th St. NW

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3388

Amount of Each Receipt this Period
 Receipt 2000.00

C. Full Name (Last, First, Middle Initial)
American Soc. of Anesthesiologists PAC

Mailing Address 520 N Northwest Hwy

City Park Ridge State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3307

Amount of Each Receipt this Period
 Receipt 2000.00

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: PAGE 43 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Black Americas Political Action Cmte.

Mailing Address 1325 G St NW Ste 500
Suite 500

City Washington State DC Zip Code 20005-3136

FEC ID number of contributing federal political committee. **C** C00300921

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : 21023.C3175

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Capital One Financial Corp. Assoc. PAC

Mailing Address 1680 Capital One Dr

City Mc Lean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : 21204.C3370

Amount of Each Receipt this Period
 Receipt 1500.00

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

Mailing Address 101 Constitution Ave. NW, Ste. 500

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 21025.C3252

Amount of Each Receipt this Period
 Receipt 1500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
	<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)
COMCAST CORPORATION & NBCUNIVERSAL PAC

Mailing Address One Comcast Center
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : 21204.C3374

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Committee for the Advancement of Cotton

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : 21102.C3360

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 550 S. Tryon Street

City Charlotte State NC Zip Code 28202-4200

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : 21025.C3247

Amount of Each Receipt this Period
 Receipt 2000.00

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

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

4000.00

**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 45 OF 114
	<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. Freedom Advancement Fund PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 N Lumpkin St Ste 202

City	State	Zip Code
Athens	GA	30601-2832

FEC ID number of contributing federal political committee. **C** C00490235

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3308

Amount of Each Receipt this Period
 Receipt 500.00

B. General Dynamics Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2941 Fairview Park Dr Ste 100 #100

City	State	Zip Code
Falls Church	VA	22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : 21204.C3398

Amount of Each Receipt this Period
 Receipt 1000.00

C. House Conservative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S Washington St Ste 115 Suite 115

City	State	Zip Code
Alexandra	VA	22314-5404

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3152

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 114
	<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

Full Name (Last, First, Middle Initial) Insur PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	
Mailing Address 412 1st St SE Ste 300		Transaction ID : 21204.C3371	
City Washington	State DC	Zip Code 20003-1804	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) International Paper PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012	
Mailing Address 1101 Pennsylvania Ave., NW, Ste. 2		Transaction ID : 21023.C3170	
City Washington	State DC	Zip Code 20004-2514	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 6000.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) International Pizza Hut Franchise		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address Holders Association PAC 7829 East Rockhill , Suite 201		Transaction ID : 21102.C3359	
City Wichita	State KS	Zip Code 67206	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Occupation		Election Cycle-to-Date 500.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 114
	<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

Full Name (Last, First, Middle Initial) Martha PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 1006 Pendleton St		Transaction ID : 21030.C3309	
City Alexandra	State VA	Zip Code 22314-1837	
FEC ID number of contributing federal political committee. C C00527309		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Occupation		Election Cycle-to-Date 500.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) National Restaurant Association PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 2055 L St NW		Transaction ID : 21204.C3390	
City Washington	State DC	Zip Code 20036-4957	
FEC ID number of contributing federal political committee. C C00003764		Amount of Each Receipt this Period Receipt 2500.00	
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) National Telecommun Coop. Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012	
Mailing Address 4121 Wilson Blvd Fl 10		Transaction ID : 21204.C3389	
City Arlington	State VA	Zip Code 22203-1839	
FEC ID number of contributing federal political committee. C C00004473		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

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

FOR LINE NUMBER: PAGE 48 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Nelson Mullins Riley & Scarborough PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Main St., Fl. 17
 City Columbia State SC Zip Code 29201-3268
 FEC ID number of contributing federal political committee. **C C00278895**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 21030.C3331
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Nucor PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1915 Rexford Rd
 City Charlotte State NC Zip Code 28211-3465
 FEC ID number of contributing federal political committee. **C C00379628**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : 21020.C3149
 Amount of Each Receipt this Period
 1000.00
 Receipt

C. Oral and Maxillofacial Surgery PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 9700 Bryn Mawr Ave
 City Rosemont State IL Zip Code 60018-5701
 FEC ID number of contributing federal political committee. **C C00005660**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : 21025.C3246
 Amount of Each Receipt this Period
 3000.00
 Receipt

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 49 OF 114
	<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)
Outdoor Advertising PAC

Mailing Address 1850 M St NW Ste 1040

City Washington State DC Zip Code 20036-5821

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : 21030.C3330

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5769

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : 21023.C3169

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1301 K St NW Ste 800 Suite 800 West

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : 21204.C3372

Amount of Each Receipt this Period
5000.00

Receipt

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 50 OF 114
	<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 Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3156

Amount of Each Receipt this Period
 Receipt 5000.00

B. Full Name (Last, First, Middle Initial)
SAIC INC VOLUTARY PAC

Mailing Address 10260 Campus Point Dr

City San Diego State CA Zip Code 92121-1522

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : 21102.C3363

Amount of Each Receipt this Period
 Receipt 2000.00

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

Mailing Address 6405 Metcalf Ave Ste 503

City Mission State KS Zip Code 66202-4084

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : 21020.C3154

Amount of Each Receipt this Period
 Receipt 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: PAGE 51 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Home Depot, Inc. PAC

Mailing Address 1155 F St NW Ste 400

City Washington State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3311

Amount of Each Receipt this Period
 _____ 2500.00

Receipt

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

Mailing Address 1 Fountain Sq

City Chattanooga State TN Zip Code 37402-1306

FEC ID number of contributing federal political committee. **C C00177436**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : 21030.C3310

Amount of Each Receipt this Period
 _____ 2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Womack for Congress

Mailing Address PO Box 508

City Rogers State AR Zip Code 72757-0508

FEC ID number of contributing federal political committee. **C C00477745**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : 21204.C3373

Amount of Each Receipt this Period
 _____ 1000.00

Receipt

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

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

_____ 6000.00

_____ 54500.00

**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 52 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Accuchecks

Full Name (Last, First, Middle Initial)
Mailing Address 605 19th Ave. N.

City Myrtle Beach State SC Zip Code 29577-

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
278.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : 21205.C3412

Amount of Each Receipt this Period
191.62

Offsets to Operating Expenditu

B. Piryx

Full Name (Last, First, Middle Initial)
Mailing Address 144 2nd St., 1st Fl.

City San Francisco State CA Zip Code 94105-

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
391.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : 21205.C3414

Amount of Each Receipt this Period
391.40

Offsets to Operating Expenditu

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

583.02

583.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 114			
	<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. Longbeards			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 5040 Carolina Forest Blvd.			Amount of Each Disbursement this Period 9.95
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21205.E839
Purpose of Disbursement Meeting-Meals	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MEETING-MEALS
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Lowes			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 1160 Seaboard St.			Amount of Each Disbursement this Period 15.08
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21205.E841
Purpose of Disbursement Signage	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SIGNAGE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Accuchecks			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 605 19th Ave. N.			Amount of Each Disbursement this Period 52.12
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21204.E743
Purpose of Disbursement Accounting	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		ACCOUNTING
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	77.15
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 54 OF 114			
	<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 / 05 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577-
Purpose of Disbursement	Category/ Type	52.12
Accounting		Transaction ID : 21204.E744
Candidate Name		
Office Sought:	Disbursement For:	ACCOUNTING
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Accuchecks		M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 605 19th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577-
Purpose of Disbursement	Category/ Type	73.19
Accounting		Transaction ID : 21204.E745
Candidate Name		
Office Sought:	Disbursement For:	ACCOUNTING
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. ADSUN Inc.		M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Mesa	AZ	85201-
Purpose of Disbursement	Category/ Type	101.79
Bumper Stickers		Transaction ID : 21204.E746
Candidate Name		
Office Sought:	Disbursement For:	BUMPER STICKERS
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	227.10
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 55 OF 114			
	<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. Jeff Alderman		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1404 Reid Ct.		Amount of Each Disbursement this Period 805.02 Transaction ID : 21205.E812
City Myrtle Beach	State SC	
Zip Code 29588-1917	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jeff Alderman		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1404 Reid Ct.		Amount of Each Disbursement this Period 805.02 Transaction ID : 21205.E813
City Myrtle Beach	State SC	
Zip Code 29588-1917	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Jeff Alderman		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1404 Reid Ct.		Amount of Each Disbursement this Period 805.02 Transaction ID : 21205.E814
City Myrtle Beach	State SC	
Zip Code 29588-1917	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2415.06
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 56 OF 114			
	<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. Jeff Alderman			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012		
Mailing Address 1404 Reid Ct.			Amount of Each Disbursement this Period 433.62		
City Myrtle Beach	State SC	Zip Code 29588-1917	Transaction ID : 21205.E815		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Keith Allen			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012		
Mailing Address 1131 Highway 917 E			Amount of Each Disbursement this Period 40.00		
City Latta	State SC	Zip Code 29565-4124	Transaction ID : 21102.C3357IK		
Purpose of Disbursement Event Catering Food		Category/ Type	IN KIND: EVENT CATERING FOOD		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. American Express-merchant			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012		
Mailing Address PO Box 53773			Amount of Each Disbursement this Period 116.78		
City Phoenix	State AZ	Zip Code 85072-	Transaction ID : 21204.E747		
Purpose of Disbursement Merchant Fees		Category/ Type	MERCHANT FEES		
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).....	590.40
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 57 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express-merchant		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 44.38
City Phoenix	State AZ	
Zip Code 85072-		Transaction ID : 21204.E748
Purpose of Disbursement Merchant Fees	Category/ Type	
Candidate Name		MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Laurence Bellanger		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5863 Honeysuckle Lane		Amount of Each Disbursement this Period 3000.00
City Myrtle Beach	State SC	
Zip Code 29588-		Transaction ID : 21205.E832
Purpose of Disbursement Signage Placement	Category/ Type	
Candidate Name		SIGNAGE PLACEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Bi-lo		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address Store #116		Amount of Each Disbursement this Period 117.37
City Myrtle Beach	State SC	
Zip Code 29577-		Transaction ID : 21204.E756
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name		OFFICE SUPPLIES
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).....	3161.75
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 58 OF 114			
	<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 11 / 05 / 2012
Mailing Address Store #116		Amount of Each Disbursement this Period 170.97
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Office Supplies	OFFICE SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 3513.30
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Payroll Taxes	PAYROLL TAXES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 1188.73
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Payroll Taxes	PAYROLL TAXES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4873.00
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 59 OF 114			
	<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. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 74.55
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Bank Fees	BANK FEES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 34.00
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Bank Fees	BANK FEES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 3510.30
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Payroll Taxes	PAYROLL TAXES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3618.85
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 60 OF 114			
	<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. BNC Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 20175 N. 67th Ave		Amount of Each Disbursement this Period 4993.74
City Glendale	State AZ	
Zip Code 85308-	Purpose of Disbursement Payroll Taxes	Transaction ID : 21205.E862
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)	PAYROLL TAXES
State: District:		

Full Name (Last, First, Middle Initial) B. Bonefish Grill		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2012
Mailing Address Highway 17		Amount of Each Disbursement this Period 276.09
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Meeting-Meals	Transaction ID : 21204.E759
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) c. Sara Brown		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 651.91
City Marion	State SC	
Zip Code 29571-	Purpose of Disbursement Salary	Transaction ID : 21205.E883
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5921.74
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 61 OF 114			
	<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. Sara Brown			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address 204 Franklin Ave			Amount of Each Disbursement this Period 260.29	
City Marion	State SC	Zip Code 29571-	Transaction ID : 21205.E884	
Purpose of Disbursement Mileage		Category/ Type	MILEAGE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Sara Brown			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address 204 Franklin Ave			Amount of Each Disbursement this Period 651.92	
City Marion	State SC	Zip Code 29571-	Transaction ID : 21205.E885	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Sara Brown			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012	
Mailing Address 204 Franklin Ave			Amount of Each Disbursement this Period 651.91	
City Marion	State SC	Zip Code 29571-	Transaction ID : 21205.E886	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1564.12
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 62 OF 114			
	<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. Sara Brown		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 204 Franklin Ave		Amount of Each Disbursement this Period 454.45 Transaction ID : 21205.E887
City Marion	State SC	
Zip Code 29571-		Category/Type SALARY
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capital Grill		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 48.20 Transaction ID : 21204.E761
City Washington	State DC	
Zip Code 20003-		Category/Type MEETING-MEALS
Purpose of Disbursement Meeting-Meals		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Suites		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 455.72 Transaction ID : 21204.E762
City Washington	State DC	
Zip Code 20003-		Category/Type TRAVEL
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	958.37
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 63 OF 114			
	<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. Chick-fil-a		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 10 Ave. N.		Amount of Each Disbursement this Period 45.65
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Meeting-Meals	Transaction ID : 21204.E763
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) B. Ciao Italian Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5223 N. Kings Highway		Amount of Each Disbursement this Period 72.00
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Meeting-Meals	Transaction ID : 21204.E764
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) c. Christopher Conklin		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 917 Mount Gilead Rd		Amount of Each Disbursement this Period 300.00
City Murrells Inlet	State SC	
Zip Code 29576-7721	Purpose of Disbursement Event Food	Transaction ID : 21030.C3325IK
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: EVENT FOOD
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	417.65
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 64 OF 114	
	<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. Campbell Coxe		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address PO Box 505		Amount of Each Disbursement this Period 45.68
City Darlington	State SC	Zip Code 29540-0505
Purpose of Disbursement Event Food	Category/Type	
Candidate Name	Transaction ID : 21030.C3326IK	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: EVENT FOOD
State: District:		

Full Name (Last, First, Middle Initial) B. Croissants		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2012
Mailing Address 3751 Robert Grissom Pkwy		Amount of Each Disbursement this Period 57.70
City Myrtle Beach	State SC	Zip Code 29577-
Purpose of Disbursement Meeting-Meals	Category/Type	
Candidate Name	Transaction ID : 21204.E766	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) c. DC Taxis		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 1636 Bladensburg Rd.		Amount of Each Disbursement this Period -79.77
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement Void 10/17/12 payment	Category/Type	
Candidate Name	Transaction ID : 21206.E940	
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)	VOID 10/17/12 PAYMENT
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23.61
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 65 OF 114			
	<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. Derby Watkins & Assoc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 16301 Kelly Woods Dr. #206			Amount of Each Disbursement this Period 307.95 Transaction ID : 21204.E770
City Ft. Meyers	State FL	Zip Code 33908-	
Purpose of Disbursement Telemarketing		Category/ Type	TELEMARKETING
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Dish Design & Catering			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address P.O. Box 150			Amount of Each Disbursement this Period 509.18 Transaction ID : 21204.E771
City McCormick	State SC	Zip Code 29835-	
Purpose of Disbursement Catering		Category/ Type	CATERING
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Jonathan Dix			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 118 Mallard St			Amount of Each Disbursement this Period 767.56 Transaction ID : 21205.E821
City Greenville	State SC	Zip Code 29601-	
Purpose of Disbursement Salary		Category/ Type	SALARY
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1584.69
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 66 OF 114			
	<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. Jonathan Dix			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012		
Mailing Address 118 Mallard St			Amount of Each Disbursement this Period 767.56		
City Greenville	State SC	Zip Code 29601-	Transaction ID : 21205.E822		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kristin Dowling			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012		
Mailing Address 822 S. Sansbury Rd.			Amount of Each Disbursement this Period 600.00		
City Florence	State SC	Zip Code 29501-	Transaction ID : 21205.E831		
Purpose of Disbursement Media Production		Category/ Type	MEDIA PRODUCTION		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Epiphany Productions			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012		
Mailing Address 104 Hume St.			Amount of Each Disbursement this Period 573.50		
City Alexandria	State VA	Zip Code 22301-	Transaction ID : 21204.E780		
Purpose of Disbursement Event Catering		Category/ Type	EVENT CATERING		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1941.06
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 67 OF 114			
	<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. Epiphany Productions		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 104 Hume St.		Amount of Each Disbursement this Period 850.00
City Alexandria	State VA	
Zip Code 22301-	Purpose of Disbursement Event Catering	Transaction ID : 21204.E781
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EVENT CATERING
State: District:		

Full Name (Last, First, Middle Initial) B. Farmer Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 7891 Broad River Rd.		Amount of Each Disbursement this Period 8000.00
City Irmo	State SC	
Zip Code 29063-	Purpose of Disbursement Fundraising Consulting	Transaction ID : 21205.E787
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)	FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Farmer Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 7891 Broad River Rd.		Amount of Each Disbursement this Period 20000.00
City Irmo	State SC	
Zip Code 29063-	Purpose of Disbursement Fundraising Consulting	Transaction ID : 21205.E788
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)	FUNDRAISING CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	28850.00
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 68 OF 114			
	<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)		Date of Disbursement
A. Fed Ex		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1170 Seabord St.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	FL	29577-
Purpose of Disbursement Postage/Shipping		155.07
Candidate Name	Category/ Type	Transaction ID : 21205.E789
Office Sought:	Disbursement For:	POSTAGE/SHIPPING
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Fed Ex		M M / D D / Y Y Y Y 11 / 23 / 2012
Mailing Address 1170 Seabord St.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	FL	29577-
Purpose of Disbursement Postage/Shipping		22.76
Candidate Name	Category/ Type	Transaction ID : 21205.E790
Office Sought:	Disbursement For:	POSTAGE/SHIPPING
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Firehouse Subs		M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 1211 38th Ave. N.		Amount of Each Disbursement this Period
City	State	Zip Code
Myrtle Beach	SC	29577-
Purpose of Disbursement Meeting-meals		62.43
Candidate Name	Category/ Type	Transaction ID : 21205.E791
Office Sought:	Disbursement For:	MEETING-MEALS
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	240.26
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 69 OF 114			
	<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. Lowes Foods			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address Store #234 Grand Dunes			Amount of Each Disbursement this Period 88.76
City Myrtle Beach	State SC	Zip Code 29577-	Transaction ID : 21205.E842
Purpose of Disbursement Meeting-Meals		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Fred Salley Photography			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 1504 Madison Ave.			Amount of Each Disbursement this Period 250.00
City Florence	State SC	Zip Code 29501-	Transaction ID : 21205.E793
Purpose of Disbursement Photography		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHOTOGRAPHY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. Robert D. Gerald			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 2420 E Highway 76			Amount of Each Disbursement this Period 1400.00
City Marion	State SC	Zip Code 29571-6349	Transaction ID : 21026.C3306IK
Purpose of Disbursement Event Site Rental		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: EVENT SITE RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1738.76
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 70 OF 114			
	<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. Hidden Acres		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 2420 E. Hwy 76		Amount of Each Disbursement this Period 500.00
City Marion	State SC Zip Code 29571-	
Purpose of Disbursement Event Site Rental	Category/Type	Transaction ID : 21205.E802
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EVENT SITE RENTAL
State: District:		

Full Name (Last, First, Middle Initial) B. Hoskins		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 405 Main Street		Amount of Each Disbursement this Period 224.02
City Little River	State SC Zip Code 29582-	
Purpose of Disbursement Meeting-Meals	Category/Type	Transaction ID : 21205.E805
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)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) C. Innovative Campaign Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address P.O. Box 264		Amount of Each Disbursement this Period 9000.00
City Camden	State SC Zip Code 29202-	
Purpose of Disbursement Telemarketing	Category/Type	Transaction ID : 21205.E806
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)	TELEMARKETING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9724.02
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 71 OF 114			
	<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 / 30 / 2012
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 241.94 Transaction ID : 21205.E828
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Category/ Type TRAVEL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 3791 Oleander Dr		Amount of Each Disbursement this Period 382.53 Transaction ID : 21205.E829
City Myrtle Beach	State SC	
Zip Code 29577-5705	Purpose of Disbursement Travel	Category/ Type TRAVEL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andrew Kennedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 15 Point Comfort		Amount of Each Disbursement this Period 512.30 Transaction ID : 21204.E749
City Columbia	State SC	
Zip Code 29209-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1136.77
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 72 OF 114			
	<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. Andrew Kennedy		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 15 Point Comfort		Amount of Each Disbursement this Period 512.30 Transaction ID : 21204.E750
City Columbia	State SC	
Zip Code 29209-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Andrew Kennedy		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 15 Point Comfort		Amount of Each Disbursement this Period 512.30 Transaction ID : 21204.E751
City Columbia	State SC	
Zip Code 29209-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andrew Kennedy		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 15 Point Comfort		Amount of Each Disbursement this Period 433.62 Transaction ID : 21204.E752
City Columbia	State SC	
Zip Code 29209-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1458.22
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 73 OF 114			
	<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. Christie M. Lawhon		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 611 West Palmetto Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : 21204.C3410IK
City Florence	State SC	
Zip Code 29501-7573	Purpose of Disbursement Office space	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	IN KIND: OFFICE SPACE

Full Name (Last, First, Middle Initial) B. Mark Lawhon		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 611 W Palmetto St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 21204.C3409IK
City Florence	State SC	
Zip Code 29501-4301	Purpose of Disbursement Office Space	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	IN KIND: OFFICE SPACE

Full Name (Last, First, Middle Initial) c. Marriott Courtyard		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 2680 Hospitality Blvd.		Amount of Each Disbursement this Period 90.72 Transaction ID : 21205.E849
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	TRAVEL

SUBTOTAL of Disbursements This Page (optional).....	5090.72
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 74 OF 114			
	<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. Murphy USA		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 10826 Kings Rd.		Amount of Each Disbursement this Period 224.89
City Myrtle Beach	State SC	
Zip Code 29572-	Purpose of Disbursement Travel	Transaction ID : 21205.E852
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)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 2301 N. Kings Hwy.		Amount of Each Disbursement this Period 378.27
City Myrtle Beach	State SC	
Zip Code 29577-3040	Purpose of Disbursement Office Supplies	Transaction ID : 21205.E854
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) c. Pentagon City		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 1100 S. Hayes St.		Amount of Each Disbursement this Period 2360.40
City Arlington	State VA	
Zip Code 22202-	Purpose of Disbursement Equipment Purchase	Transaction ID : 21205.E863
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)	EQUIPMENT PURCHASE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2963.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 114			
	<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. Pinnacle List Co.			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 2800 Shirlington Rd.			Amount of Each Disbursement this Period 234.98
City Arlington	State VA	Zip Code 22206-	
Purpose of Disbursement Telemarketing	Candidate Name		Transaction ID : 21205.E866
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:	Category/Type		TELEMARKETING

Full Name (Last, First, Middle Initial) B. Piryx			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 144 2nd St., 1st Fl.			Amount of Each Disbursement this Period 563.41
City San Francisco	State CA	Zip Code 94105-	
Purpose of Disbursement Online Processing	Candidate Name		Transaction ID : 21205.E867
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:	Category/Type		ONLINE PROCESSING

Full Name (Last, First, Middle Initial) c. Progress Energy			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO Box 2041			Amount of Each Disbursement this Period 360.64
City Raleigh	State NC	Zip Code 27602-	
Purpose of Disbursement Utilities	Candidate Name		Transaction ID : 21205.E868
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:	Category/Type		UTILITIES

SUBTOTAL of Disbursements This Page (optional).....	1159.03
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 76 OF 114			
	<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. Progress Energy		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2012
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 365.74
City Raleigh	State NC	Zip Code 27602-
Purpose of Disbursement Utilities	Category/Type	
Candidate Name	Transaction ID : 21205.E877	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) B. Ted Quantz		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 394 Dune Oaks Dr.		Amount of Each Disbursement this Period 532.83
City Georgetown	State SC	Zip Code 29440-7119
Purpose of Disbursement Event Catering Food & Drink	Category/Type	
Candidate Name	Transaction ID : 21020.C3165IK	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND: EVENT CATERING FOOD & DRINK
State: District:		

Full Name (Last, First, Middle Initial) c. Pamela Ratliffe		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 2508 Parkland Dr.		Amount of Each Disbursement this Period 689.38
City Florence	State SC	Zip Code 29501-
Purpose of Disbursement Salary	Category/Type	
Candidate Name	Transaction ID : 21205.E855	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1587.95
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 77 OF 114			
	<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. Pamela Ratliffe		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 2508 Parkland Dr.		Amount of Each Disbursement this Period 689.38 Transaction ID : 21205.E856
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Pamela Ratliffe		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 2508 Parkland Dr.		Amount of Each Disbursement this Period 689.38 Transaction ID : 21205.E857
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Pamela Ratliffe		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 2508 Parkland Dr.		Amount of Each Disbursement this Period 454.45 Transaction ID : 21205.E858
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1833.21
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 78 OF 114			
	<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. Stephanie Rawlinson		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 1253.12
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Salary	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:	

Full Name (Last, First, Middle Initial) B. Stephanie Rawlinson		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 13.67
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Event Catering Misc.	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:	

Full Name (Last, First, Middle Initial) C. Stephanie Rawlinson		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 51.03
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Event Catering Exp	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).....	1317.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 114			
	<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. Stephanie Rawlinson			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address 1825 Brigadoone Ln			Amount of Each Disbursement this Period 52.44	
City Florence	State SC	Zip Code 29505-3236	Transaction ID : 21102.C3355IK	
Purpose of Disbursement Event Food		Category/ Type	IN KIND: EVENT FOOD	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Stephanie Rawlinson			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address 1825 Brigadoone Ln			Amount of Each Disbursement this Period 1253.12	
City Florence	State SC	Zip Code 29505-3236	Transaction ID : 21205.E904	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Stephanie Rawlinson			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012	
Mailing Address 1825 Brigadoone Ln			Amount of Each Disbursement this Period 708.07	
City Florence	State SC	Zip Code 29505-3236	Transaction ID : 21205.E905	
Purpose of Disbursement Travel		Category/ Type	TRAVEL	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2013.63
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 80 OF 114			
	<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. Stephanie Rawlinson		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 253.39 Transaction ID : 21205.E906
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Stephanie Rawlinson		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1825 Brigadoone Ln		Amount of Each Disbursement this Period 871.84 Transaction ID : 21205.E907
City Florence	State SC	
Zip Code 29505-3236	Purpose of Disbursement Salary	Category/ Type SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Red Bone Alley		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address Irby Street		Amount of Each Disbursement this Period 253.39 Transaction ID : 21205.E878
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Meeting-Meals	Category/ Type MEETING-MEALS
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).....	2378.35
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 81 OF 114			
	<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 10 / 19 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E807	
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:	SALARY	

Full Name (Last, First, Middle Initial) B. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.89
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E808	
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:	SALARY	

Full Name (Last, First, Middle Initial) c. Jacob Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 865.90
City Myrtle Beach	State SC	Zip Code 29577-2541
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E809	
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:	SALARY	

SUBTOTAL of Disbursements This Page (optional).....	2597.68
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 82 OF 114			
	<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 / 20 / 2012
Mailing Address 5100 N. Ocean Blvd.			Amount of Each Disbursement this Period 433.62
City Myrtle Beach	State SC	Zip Code 29577-2541	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E810
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

Full Name (Last, First, Middle Initial) B. Lee Ann Rice			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 3771 Rice Hope Ct.			Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	Zip Code 29577-5950	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E834
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

Full Name (Last, First, Middle Initial) c. Lee Ann Rice			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 3771 Rice Hope Ct.			Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	Zip Code 29577-5950	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E835
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2802.86
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 83 OF 114			
	<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. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 3771 Rice Hope Ct.		Amount of Each Disbursement this Period 1184.62
City Myrtle Beach	State SC	
Zip Code 29577-5950	Purpose of Disbursement Salary	Transaction ID : 21205.E836
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) B. Lee Ann Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 3771 Rice Hope Ct.		Amount of Each Disbursement this Period 433.00
City Myrtle Beach	State SC	
Zip Code 29577-5950	Purpose of Disbursement Salary	Transaction ID : 21205.E837
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) C. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 908.33
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Travel	Transaction ID : 21205.E912
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)	TRAVEL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2525.95
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 84 OF 114			
	<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. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 461.25
City Myrtle Beach	State SC	
Zip Code 29577-2541	Purpose of Disbursement Travel	Transaction ID : 21205.E913
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)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) B. Ethan Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 414 Poplar St.		Amount of Each Disbursement this Period 689.38
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Salary	Transaction ID : 21204.E782
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) C. Ethan Rivera		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 414 Poplar St.		Amount of Each Disbursement this Period 689.38
City Florence	State SC	
Zip Code 29501-	Purpose of Disbursement Salary	Transaction ID : 21204.E783
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1840.01
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 85 OF 114			
	<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. Ethan Rivera			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012		
Mailing Address 414 Poplar St.			Amount of Each Disbursement this Period 689.38		
City Florence	State SC	Zip Code 29501-	Transaction ID : 21204.E784		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Ethan Rivera			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012		
Mailing Address 414 Poplar St.			Amount of Each Disbursement this Period 454.45		
City Florence	State SC	Zip Code 29501-	Transaction ID : 21204.E785		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Sams Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012		
Mailing Address 10th Ave.			Amount of Each Disbursement this Period 211.27		
City Myrtle Beach	State SC	Zip Code 0 -	Transaction ID : 21205.E882		
Purpose of Disbursement Event Catering		Category/ Type	EVENT CATERING		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1355.10
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 86 OF 114	
	<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. Ryan Schafer		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address PO Box 307		Amount of Each Disbursement this Period 300.00 Transaction ID : 21030.C3327IK
City Hamer	State SC	
Zip Code 29547-0307	Purpose of Disbursement Event Drinks	IN KIND: EVENT DRINKS
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sea Captains House		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 3000 N. Ocean Blvd.		Amount of Each Disbursement this Period 301.23 Transaction ID : 21205.E889
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Meeting-Meals	MEETING-MEALS
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shulers Barbecue		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 419 Highway 38 West		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E892
City Latta	State SC	
Zip Code 29592-	Purpose of Disbursement Event Site Rental	EVENT SITE RENTAL
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).....	1601.23
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 87 OF 114			
	<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. Sign It		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 3193 C Highway 17 Bypass South		Amount of Each Disbursement this Period 68.04
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Office Supplies	Transaction ID : 21206.E941
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. Sign It		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 3193 C Highway 17 Bypass South		Amount of Each Disbursement this Period 36.72
City Myrtle Beach	State SC	
Zip Code 29577-	Purpose of Disbursement Office Supplies	Transaction ID : 21205.E893
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 5859.55
City Lexington	State SC	
Zip Code 29072-	Purpose of Disbursement Direct mail	Transaction ID : 21205.E895
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)	DIRECT MAIL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5964.31
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 88 OF 114			
	<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 / 22 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 110739.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Media Buy		Category/ Type	Transaction ID : 21205.E896
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)		MEDIA BUY
State: District:			

Full Name (Last, First, Middle Initial) B. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 1036.41
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Direct Mail		Category/ Type	Transaction ID : 21205.E897
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		DIRECT MAIL
State: District:			

Full Name (Last, First, Middle Initial) c. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 10000.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Media Buy		Category/ Type	Transaction ID : 21205.E898
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)		MEDIA BUY
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	121775.41
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 89 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 5000.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Polling		Category/ Type	Transaction ID : 21205.E899
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)		POLLING
State: District:			

Full Name (Last, First, Middle Initial) B. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 6906.71
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Polling		Category/ Type	Transaction ID : 21205.E900
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)		POLLING
State: District:			

Full Name (Last, First, Middle Initial) C. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 20000.00
City Lexington	State SC	Zip Code 29072-	
Purpose of Disbursement Strategic Consulting		Category/ Type	Transaction ID : 21205.E901
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)		STRATEGIC CONSULTING
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	31906.71
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 90 OF 114			
	<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. Subway		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 1945 10th Ave.		Amount of Each Disbursement this Period 43.19
City Myrtle Beach	State SC	
Zip Code 29577-		Transaction ID : 21205.E908
Purpose of Disbursement Meeting-Meals	Category/ Type	
Candidate Name		MEETING-MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Joshua Summerford		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1325 Jackson Ave		Amount of Each Disbursement this Period 689.38
City Florence	State SC	
Zip Code 29501-4520		Transaction ID : 21205.E824
Purpose of Disbursement Salary	Category/ Type	
Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Joshua Summerford		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1325 Jackson Ave		Amount of Each Disbursement this Period 689.38
City Florence	State SC	
Zip Code 29501-4520		Transaction ID : 21205.E825
Purpose of Disbursement Salary	Category/ Type	
Candidate Name		SALARY
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).....	1421.95
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 91 OF 114			
	<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. Joshua Summerford		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1325 Jackson Ave		Amount of Each Disbursement this Period 689.38
City Florence	State SC	
Zip Code 29501-4520	Purpose of Disbursement Salary	Transaction ID : 21205.E826
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) B. Joshua Summerford		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 1325 Jackson Ave		Amount of Each Disbursement this Period 454.45
City Florence	State SC	
Zip Code 29501-4520	Purpose of Disbursement Salary	Transaction ID : 21205.E827
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) c. Surfsgns & Designs		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 9629 Scipio Ln.		Amount of Each Disbursement this Period 70.20
City Myrtle Beach	State SC	
Zip Code 29588-	Purpose of Disbursement Signage	Transaction ID : 21205.E909
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)	SIGNAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1214.03
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 92 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM RICE FOR CONGRESS

A. Surfsigns & Designs

Full Name (Last, First, Middle Initial)
Mailing Address 9629 Scipio Ln.

City Myrtle Beach State SC Zip Code 29588-

Purpose of Disbursement Signage

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 270.00

Transaction ID : 21205.E910

SIGNAGE

B. Transfirst

Full Name (Last, First, Middle Initial)
Mailing Address 12202 Airport Way, Ste. 100

City Broomfield State CO Zip Code 80021-

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2012

Amount of Each Disbursement this Period: 226.31

Transaction ID : 21205.E914

MERCHANT FEES

c. Gary Tripp

Full Name (Last, First, Middle Initial)
Mailing Address 165 Carriage Lakt Dr.

City Little River State SC Zip Code 29566-

Purpose of Disbursement Meeting-Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 400.00

Transaction ID : 21205.E797

MEETING-MEALS

SUBTOTAL of Disbursements This Page (optional) 896.31

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 93 OF 114			
	<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. Gary Tripp		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 165 Carriage Lakt Dr.		Amount of Each Disbursement this Period 200.00
City Little River	State SC	Zip Code 29566-
Purpose of Disbursement Mileage	Category/Type	
Candidate Name	Transaction ID : 21205.E798	
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)	MILEAGE
State: District:		

Full Name (Last, First, Middle Initial) B. USAir		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2012
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 832.60
City Phoenix	State AZ	Zip Code 85034-
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : 21205.E928	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address MB Main PO		Amount of Each Disbursement this Period 537.60
City Myrtle Beach	State SC	Zip Code 29577-
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Transaction ID : 21205.E926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1570.20
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 94 OF 114			
	<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. Venus Restaurant			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 142 West Evans St.			Amount of Each Disbursement this Period 237.05
City Florence	State SC	Zip Code 29501-	
Purpose of Disbursement Meeting-Meals		Category/ Type	Transaction ID : 21205.E929
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)		MEETING-MEALS
State: District:			

Full Name (Last, First, Middle Initial) B. Vonage Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 23 Main St			Amount of Each Disbursement this Period 133.39
City Holmdel	State NJ	Zip Code 07733-2136	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 21205.E930
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)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) C. Wal Mart			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 10820 Kings Rd.			Amount of Each Disbursement this Period 135.44
City Myrtle Beach	State SC	Zip Code 29577-	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : 21205.E931
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)		OFFICE SUPPLIES
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	505.88
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 95 OF 114			
	<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. William Wheat			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012		
Mailing Address PO Box 944			Amount of Each Disbursement this Period 512.30		
City Langley	State SC	Zip Code 29834-	Transaction ID : 21205.E934		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. William Wheat			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012		
Mailing Address PO Box 944			Amount of Each Disbursement this Period 512.30		
City Langley	State SC	Zip Code 29834-	Transaction ID : 21205.E935		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. William Wheat			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012		
Mailing Address PO Box 944			Amount of Each Disbursement this Period 512.30		
City Langley	State SC	Zip Code 29834-	Transaction ID : 21205.E936		
Purpose of Disbursement Salary		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	512.30
TOTAL This Period (last page this line number only).....	1536.90

**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 96 OF 114			
	<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. William Wheat		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address PO Box 944		Amount of Each Disbursement this Period 433.62
City Langley	State SC	Zip Code 29834-
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E937	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) B. Wild Wing Cafe		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2012
Mailing Address 4706 Hwy 17 S		Amount of Each Disbursement this Period 220.46
City Myrtle Beach	State SC	Zip Code 29572-
Purpose of Disbursement Meeting-Meals	Category/ Type	
Candidate Name	Transaction ID : 21205.E933	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING-MEALS
State: District:		

Full Name (Last, First, Middle Initial) C. Jennifer Wilson		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66
City Myrtle Beach	State SC	Zip Code 29572-5618
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E816	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1876.74
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 97 OF 114			
	<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. Jennifer Wilson		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Salary	Transaction ID : 21205.E817
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) B. Jennifer Wilson		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 66.00
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Travel	Transaction ID : 21205.E818
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)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) C. Jennifer Wilson		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 137 N. Gate Rd.		Amount of Each Disbursement this Period 1222.66
City Myrtle Beach	State SC	
Zip Code 29572-5618	Purpose of Disbursement Salary	Transaction ID : 21205.E819
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2511.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 114			
	<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. Jennifer Wilson			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 137 N. Gate Rd.			Amount of Each Disbursement this Period 1584.41
City Myrtle Beach	State SC	Zip Code 29572-5618	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E820
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

Full Name (Last, First, Middle Initial) B. Travis Worthy			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO Box 14231			Amount of Each Disbursement this Period 980.76
City Surfside Beach	State SC	Zip Code 29587-4231	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E915
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

Full Name (Last, First, Middle Initial) c. Travis Worthy			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO Box 14231			Amount of Each Disbursement this Period 980.75
City Surfside Beach	State SC	Zip Code 29587-4231	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : 21205.E916
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3545.92
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 99 OF 114			
	<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. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 980.76
City Surfside Beach	State SC	Zip Code 29587-4231
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E917	
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:	SALARY	

Full Name (Last, First, Middle Initial) B. Travis Worthy		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address PO Box 14231		Amount of Each Disbursement this Period 454.45
City Surfside Beach	State SC	Zip Code 29587-4231
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Transaction ID : 21205.E918	
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:	SALARY	

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	Transaction ID	
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).....	1435.21
TOTAL This Period (last page this line number only).....	277750.57

**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 100 OF 114	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Tom Rice		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 5100 N. Ocean Blvd.		Amount of Each Disbursement this Period 25000.00
City Myrtle Beach	State SC Zip Code 29577-2541	
Purpose of Disbursement Repay Loan Made/Guar. by Cand Repayment		Transaction ID : 21205.E911
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B.		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		
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)	Category/ Type
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		
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)	Category/ Type
State: District:		

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

**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 101 OF 114			
	<input type="checkbox"/> 17 <input checked="" 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. Frederick W. Bellamy LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 6215 N Ocean Blvd		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E792
City Myrtle Beach	State SC Zip Code 29572-3301	
Purpose of Disbursement Refund of Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		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:		

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).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 102 OF 114			
	<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. SOUTH CAROLINA REPUBLICAN PARTY FEDERAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address P.O. BOX 12373		Amount of Each Disbursement this Period 18000.00 Transaction ID : 21205.E894
City COLUMBIA	State SC	
Zip Code 29211-	Purpose of Disbursement TRANSFER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Anderson for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 160 Louisville Rd.		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E833
City Grovetown	State GA	
Zip Code 30813-	Purpose of Disbursement ANDERSON LEE GA/12	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andy Barr for Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address PO Box 2059		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E753
City Lexington	State KY	
Zip Code 40588-	Purpose of Disbursement BARR ANDY KY06	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	20000.00
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 103 OF 114			
	<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. Ann Wagner for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 50		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E754
City Ballwin	State MO	
Zip Code 63022-	Purpose of Disbursement WAGNER ANN MO/02	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Collins for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 1295		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E774
City Gainesville	State GA	
Zip Code 30503-	Purpose of Disbursement COLLINS DOUGLAS GA/09	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Cotton for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 379		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E765
City Dardanelle	State AR	
Zip Code 72834-	Purpose of Disbursement COTTON THOMAS AR/04	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 104 OF 114	
	<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. David Rouzer for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 2267		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E769
City Smithfield	State NC	
Zip Code 27577-	Purpose of Disbursement ROUZER DAVID NC/07	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Doherty for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 6251		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E772
City Providence	State RI	
Zip Code 02940-	Purpose of Disbursement DOHERTY BRENDAN RI/01	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Doug LaMalfa Cmte.		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E775
City Sacramento	State CA	
Zip Code 95833-	Purpose of Disbursement LAMALFA DOUG CA/01	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 105 OF 114	
	<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. Friends for Chris Stewart		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 542 E. Lakeview Way		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E794
City Farmington State UT Zip Code 84025-	Purpose of Disbursement STEWART CHRIS UT/02	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Cong. Steve Stockman		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 57135		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E873
City Webster State TX Zip Code 77598-	Purpose of Disbursement STOCKMAN STEVE TX/36	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Dave Joyce		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E795
City Cleveland State OH Zip Code 44143-	Purpose of Disbursement JOYCE DAVE OH/14	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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 106 OF 114			
	<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. Friends of Mia Love		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 913 W. Grouse Circle		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E796
City Saratoga Springs	State UT	
Zip Code 84045-	Purpose of Disbursement LOVE MIA UT/04	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Friends of Susan Brooks		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 9333 N. Meridian St., Ste. 230		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E875
City Indianapolis	State IN	
Zip Code 46260-	Purpose of Disbursement BROOKS SUSAN IN/05	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Friends of Trey Radel		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 1329		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E920
City Fort Myers	State FL	
Zip Code 33902-	Purpose of Disbursement RADEL TREY FL/19	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 107 OF 114	
	<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. George Holding for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 97187		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E799
City Raleigh	State NC	
Zip Code 27624-	Purpose of Disbursement HOLDING GEORGE NC/13	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hudson for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 5053		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E869
City Concord	State NC	
Zip Code 28027-	Purpose of Disbursement HUDSON RICHARD NC/08	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Luke Messer for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 917		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E843
City Shelbyville	State IN	
Zip Code 46176-	Purpose of Disbursement MESSER LUKE IN/06	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 108 OF 114			
	<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. McSally for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 18612		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E846
City Tucson	State AZ	
Zip Code 85731-		
Purpose of Disbursement MCSALLY MARTHA AZ/02	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Meadows for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 811		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E845
City Highlands	State NC	
Zip Code 28741-		
Purpose of Disbursement MEADOWS MARK NC/11	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paton for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 68758		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E823
City Tucson	State AZ	
Zip Code 85737-		
Purpose of Disbursement PATON JONATHAN AZ/01	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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 109 OF 114			
	<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. Patriots for Perry		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 147		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E847
City Red Lion	State PA	
Zip Code 17356-	Purpose of Disbursement PERRY SCOTT PA/04	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Pittenger for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 470848		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E848
City Charlotte	State NC	
Zip Code 28247-	Purpose of Disbursement PITTENGER ROBERT NC/09	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Plummer for Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO Box 1272		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E811
City OFallon	State IL	
Zip Code 62269-	Purpose of Disbursement PLUMMER JASON IL/12	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 110 OF 114	
	<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. Horry County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 2351 Highway 501 S		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E804
City Conway	State SC Zip Code 29526-	
Purpose of Disbursement TRANSFER	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. Roger Williams for US Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 91061		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E870
City Austin	State TX Zip Code 78709-	
Purpose of Disbursement WILLIAMS RICHARD TX/25	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. Ron DeSantis for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 405		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E871
City Pointe Vedra	State FL Zip Code 32004-	
Purpose of Disbursement DESANTIS RON FL/06	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).....	3000.00
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 111 OF 114	
	<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. Salmon for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 1290		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E872
City Mesa	State AZ	
Zip Code 85211-	Purpose of Disbursement SALMON MATT AZ/05	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Steve Daines for Montana		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 1598		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E874
City Helena	State MT	
Zip Code 59624-	Purpose of Disbursement DAINES STEVEN MT/AL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tarkanian for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 50 S. Jones Blvd., #202		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21204.E768
City Las Vegas	State NV	
Zip Code 89107-	Purpose of Disbursement TARKANIAN DANNY NV/04	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 112 OF 114			
	<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. Ted Yoho for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 8209 SW 95th Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E876
City Gainesville	State FL	
Zip Code 32608-	Purpose of Disbursement YOHO THEODORE FL/03	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Thomas Massie for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E919
City Florence	State KY	
Zip Code 41022-	Purpose of Disbursement MASSIE THOMAS KY/04	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Vernon Parker for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 5635 E. Lincoln Dr., #18		Amount of Each Disbursement this Period 1000.00 Transaction ID : 21205.E921
City Paradise Valley	State AZ	
Zip Code 85253-	Purpose of Disbursement PARKER VERNON AZ/09	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 113 OF 114	
	<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. Wenstrup for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 512 Missouri Ave.		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45226-	Category/Type	
Purpose of Disbursement WENSTRUP BRAD OH/02	Candidate Name	Transaction ID : 21205.E922
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	51000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

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

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

City Myrtle Beach	State SC	ZIP Code 29577-2541
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Original Amount of Loan 100000.00	Cumulative Payment To Date 25000.00	Balance Outstanding at Close of This Period 75000.00
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TERMS

Date Incurred M 03 / D 31 / Y 2012	Date Due M 08 / D 21 / Y 2012	Interest Rate 0.00 % (apr)	Secured: <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).....	75000.00
TOTALS This Period (last page in this line only).....	75000.00

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