Only

PAGE 1 / 4 •

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. TOM RICE FOR CONGRESS 1107 48th Ave. N. ADDRESS (number and street) Suite 210 (Check if address is changed) MYRTLE BEACH 29577 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jcwakefield@ivorysc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votetomrice.com (Check if address is changed) DATE 2012 C00506048 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Collins Wakefield Type or Print Name of Treasurer Collins Wakefield [Electronically Filed] 80 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cand		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name Candid		TOM RICE	
Candio		Office N	State
Party i	Affiliati	on REP Sought: X House Senate President	District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		r ago 🗸
TOM RICE FOR		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Snonsor
		T AO Spoilsoi
SC-07 NOMINEE FUN	ч р	
Mailing Address	PO BOX 2485	
J		
	SPRINGFIELD VA 22152	.
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Jennifer W	/atson	
Full Name	1107 48th Ave. N.	
Mailing Address		
	Suite 210	
	Myrtle Beach SC 29577	
Title or Position	CITY STATE ZI	P CODE
Assistant Treasurer		2 6419
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Collins Wa	ıkefield	
of Treasurer		
Mailing Address	2411 N. Oak Street	
	Suite 201	
	Myrtle Beach SC 29577	
Title or Position	CITY STATE ZIE	CODE
Treasurer		9 4300

		1 0 2 / 2009)		Page 4
Full Name of	Jennifer W	atson		
Designated Agent				
Mailing Address		1107 48th Ave. N.		
·		Suite 210		
		Myrtle Beach	SC 29	577
		CITY	STATE	ZIP CODE
Title or Position Assistant Treas	surer		e number 843	- 602 - 6419
Banks or Other safety deposit b	r Depositorie oxes or main	es: List all banks or other depositories in which the co tains funds.	mmittee deposits funds,	holds accounts, rents
Name of Bank,	Depository, e	etc.		
	∣BNC Ba	ank		
Mailing Address		3751 Grissom Parkway		
Mailing Address				
Mailing Address		3751 Grissom Parkway	SC 29	577
Mailing Address		3751 Grissom Parkway Suite 100	SC 29	577 ZIP CODE
		3751 Grissom Parkway Suite 100 Myrtle Beach CITY		
		3751 Grissom Parkway Suite 100 Myrtle Beach CITY		
	Depository, e	3751 Grissom Parkway Suite 100 Myrtle Beach CITY		
Name of Bank,	Depository, e	3751 Grissom Parkway Suite 100 Myrtle Beach CITY		
Mailing Address Name of Bank, Mailing Address	Depository, e	3751 Grissom Parkway Suite 100 Myrtle Beach CITY	STATE	
Name of Bank,	Depository, e	3751 Grissom Parkway Suite 100 Myrtle Beach CITY	STATE	