Image# 12941465182				12/20/2012 15 : 44
			1	PAGE 1 / 4
FEC	STATEMEN	T OF		I
FEC FORM 1	ORGANIZA	TION		
			C	Office Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
TOM RICE FOR	CONGRESS			
ADDRESS (number and street)	1107 48TH AVE., N.			
(Check if address is changed)	SUITE 310-A			
is changed)	MYRTLE BEACH		SC 29	577
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDRE	22			
	jcwakefield@ivorysc.con	n		
 (Check if address is changed) 				
	Optional Second E-Mail Addre	ess		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	www.votetomrice.com			
	1			1
2. DATE 12 20				
3. FEC IDENTIFICATION N	UMBER ► C COO	506048		
_				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best o	f my knowledge and belief it	is true. correct an	d complete.
,		, <u>.</u>	- · · · , · · · · · ·	
Type or Print Name of Treasure	r Collins Wakefield			
			M	
Signature of Treasurer	ns Wakefield	[Electronically Filed]	Date 12	20 2012
NOTE: Submission of false. erron	eous, or incomplete information m	ay subject the person signing th	nis Statement to the	e penalties of 2 U.S.C. §437a.
	ANY CHANGE IN INFORMATION			
Office Use		For further information co Federal Election Commission		FEC FORM 1
Only		Toll Free 800-424-9530		(Revised 06/2012)

I	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	-
Can	ndidate	e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Canc	e of didate		
	didate / Affiliati	on REP Office Sought: X House Senate President	State SC District 07
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo Cand	e of lidate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

TOM RICE FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address																												
																				L					- [
										CI	TΥ						S	TAT	Е			Z	ZIP	С	DC	Е		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																												

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jennifer W	atson
Full Name	
Mailing Address	1107 48th Ave. N.
	Suite 310-A
	Myrtle Beach SC 29577
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Conference C	Collins Wakefield
Mailing Address	2411 N. Oak Street
	Suite 201
	Myrtle Beach
	CITY STATE ZIP CODE
Title or Position	Telephone number

Full Name of Designated Agent	Jennifer Watso	n 																					
Mailing Address	11	07 48th Ave. N.																					
	Su	uite 310-A																					
	M	lyrtle Beach										SC	;			295	77			- [
			CI	TΥ							S	TAT	Е					ZIF	o C	DDE			
Title or Position	Jrer						Tel	eph	one	nui	mb	er	L	84	13 			602		- [6	419	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BNC B	ank		
Mailing Address	3751 Grissom Parkway		
	Suite 100		
	Myrtle Beach	SC 29577	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
BB&T			
Mailing Address	1909 K St., NW		
	Washington	DC 20006	
	CITY	STATE	ZIP CODE