STATEMENT OF

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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 01 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] 10 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	COMMITTEE	
Car		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Nam		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) TOM RICE	plete the candidate
Cano	didate		
	didate / Affiliati	on REP Office Sought: X House Senate President	State SC 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	tv Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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 Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
		FEC ID number	
	1.	T Ed 15 Halliset	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

FEC Form 1 (Deviced	02/2000\	Dava 2
FEC Form 1 (Revised Write or Type Committee Nam		Page 3
TOM RICE FOI		
		- Landaudiu BAO Curanau
-	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
RICE SC-07 NOMINE	E FUND	
Mailing Address	PO BOX 2485	
	SPRINGFIELD	22152
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization X Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Jennifer V	Vatson	
	1107 48th Ave. N.	
Mailing Address	Suite 210	
	Myrtle Beach	29577
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	43 - 602 - 6419
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Collins Wa	akefield	
of Treasurer	2411 N. Oak Street	
Mailing Address		
	Suite 201	
	Myrtle Beach SC	29577
Title or Position	CITY STATE	ZIP CODE 43 839 4300
I	Telephone number	

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Full Name of Designated Agent	ennifer Watson	
Mailing Address	1107 48th Ave. N.	
	Suite 210	
	Myrtle Beach	SC 29577 - -
	CITY STA	ATE ZIP CODE
Title or Position Assistant Treasurer	Telephone number	843 - 602 - 6419
Banks or Other Dep	positories: List all banks or other depositories in which the committee d	leposits funds, holds accounts, rents
	or maintains funds.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc. NC Bank	
Name of Bank, Depo	NC Bank 3751 Grissom Parkway Suite 100	SC 29577
Name of Bank, Depo	NC Bank 3751 Grissom Parkway Suite 100 Myrtle Beach	SC 29577 -
Name of Bank, Depo	Suite 100 Myrtle Beach CITY STA	
Name of Bank, Depo Mailing Address Name of Bank, Depo	Suite 100 Myrtle Beach CITY STA	
Name of Bank, Depo Mailing Address Name of Bank, Depo	Suite 100 Myrtle Beach CITY STA	
Name of Bank, Depo Mailing Address Name of Bank, Depo	NC Bank 3751 Grissom Parkway Suite 100 Myrtle Beach CITY STA	
Name of Bank, Depo Mailing Address Name of Bank, Depo	Suite 100 Myrtle Beach CITY STA	ATE ZIP CODE
Name of Bank, Depo Mailing Address Name of Bank, Depo	Suite 100 Myrtle Beach CITY STA 1909 K St., NW	