FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED 7 2011 DEC 21 AM 9: 34 FEC MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
TOM RICE FOR	CONGRESS	<u> </u>	<u> </u>	
ADDRESS (11111111111111111111111111111111111	950 48TH AVENUE NORTH	STE 200		
ADDRESS (number and street)		 		
(Check if address is changed)	MYRTLE BEACH		SC 295	
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES		-mail address)		
★ (Check if address)	jcwakefield@ivorysc.com		111111	<u> </u>
is changed)			11111	
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	PRESS (URL) www.votetomrice.com	 	1 	
2. DATE 12 08 3. FEC IDENTIFICATION NU		00506048		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		·
I certify that I have examined the	- W	of my knowledge and belief it	is true, correct and	complete.
Signature of Treasurer Collins	Wakefield Collins	Walfrill	Date / Z	°8' žojj
NOTE: Submission of false, errone	·	may subject the person signing to ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF C								
Cendidate	: Committee:							
(a) X	This committee is a prin	icipal campaiç	gn com	mittee. (Comp	plete the candidate in	formation belov	v.)	
(b)	This committee is an au information below.)	thorized com	mittee,	and is NOT a	a principal campaign	committee. (Co	mplete the candidate	•
Name of Candidate	TOM RICE		11	1111		1_1_1_1		
Candidate	n REP	Office				State	SC	
Party Affiliation	on ise	Sought:	X	House	Senate	President	District	07
(c)	This committee supports	s/opposes onl	y one	candidate, and	d is NOT an authoriz	ed committee.		
Name of Candidate								
Party Com	nmittee:		/Na	ational, State	,		(Democratic,	
(d)	This committee is a		•	•	committee of the		Republican, etc.) F	^a arty.
Political A	ction Committee (PA	(C):						
(e)	This committee is a sep	arate segrega	ated fu	nd. (Identify co	onnected organization	on line 6.) Its o	onnected organization	n is a:
	Corporation			Corpor	ration w/o Capital Sto	ock	Labor Organizati	on
	Membership Or	ganization		Trade	Association		Cooperative	
	In addition	en, this commi	ttee is	a Lobbyist/Re	gistrant PAC.			
(f)	This committee support committee. (i.e., noncon			n one Federal	candidate, and is No	OT a separate	segregated fund or p	party
	In addition, this o	committee Is a	Lobby	is/Registrant l	PAC.			
	In addition, this o	committee is a	Leade	rship PAC. (Id	entify sponsor on line	6.)		
Joint Fund	Iraising Representat	ive:						
(g)	This committee collects of committees/organization							
(h)	This committee collects of committees/organizations						two or more political	
Com	mittees Participating in	Jaint Fund	raiser					
1.			11	<u>.</u>	FEC ID nu	mber C		
2.					FEC ID nu	mber C	•	
3.					FEC ID nu	mber C		
4.					FEC ID nu	mber C		

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W	/rite or Type Committee Name						
_	TOM RICE FOR CONGRESS						
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
N	one 						
L							
	Mailing Address						
		CITY STATE ZIP CODE					
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in possession of committee					
	Jennifer Wo	atson					
	Mailing Address	Suite 200					
		Myrtle Beach SC 29577					
	Title or Position	CITY STATE ZIP CODE					
	Assistant Treasurer	Telephone number 843 - 602 - 6419					
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).					
	Full Name Collins Wal	refield					
	Mailing Address	2411 N. Oak Street					
		Suite 201					
		Myrtle Beach CITY STATE ZIP CODE					
1	Title or Position Treasurer	Telephone number 843 - 839 - 4300					

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Full Name of Designated Agent	Jennifer Watson	1.1 1 1 1	
Mailing Address	950 48th Avenue North	1_1_1_1	
	Suite 200	11111	
	Myrtle Beach CITY	SC STATE	29577 ZIP C O DE
Title or Position Assistant Treas	urer 	number 8	143 - 602 - 6419
9. Banks or Other safety deposit b Name of Bank,	Depositories: List all banks or other depositories in which the commoves or maintains funds. Depository, etc.	nittee deposits	funds, holds accounts, rents
	BNC Bank		
Mailing Address	3751 Grissom Parkway	1111	
	Suite 100		
	Myrtle Beach	sc	29577
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
			<u></u>
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP C O DE

(3/2005)

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