

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Kathleen Rice for Congress

ADDRESS (number and street)

PO Box 744

☒ (Check if address is changed)

Mineola

CITY ▲

NY

STATE ▲

11501

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

campaign@kathleenrice.com

Optional Second E-Mail Address

fec@nextlevelpartners.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.kathleenrice.com

2. DATE

MM / DD / YYYY  
06 / 09 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00555813

4. 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.

Type or Print Name of Treasurer Margaret May

Signature of Treasurer Margaret May

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 09 / 2015

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate

Kathleen Rice

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

NY

District

04

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                        |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

**Kathleen Rice for Congress****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Rice Victory Fund

Mailing Address

PO Box 744

Mineola

CITY

NY

STATE

11501

ZIP CODE

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.

Full Name

Jennifer May

Mailing Address

PO Box 744

Mineola

CITY

NY

STATE

11501

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

202

505

1657

**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  
of Treasurer

Margaret May

Mailing Address

PO Box 744

Mineola

CITY

NY

STATE

11501

ZIP CODE

Title or Position  
Treasurer

Telephone number

Full Name of  
Designated  
Agent

Jennifer May

Mailing Address

PO Box 744

Mineola

CITY

NY

STATE

11501

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

202

505

1657

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.

Bank of America

Mailing Address

199 Jericho Tpke

Mineola

CITY

NY

STATE

11501

ZIP CODE

Name of Bank, Depository, etc.

American Community Bank

Mailing Address

300 Glen St

Glen Cove

CITY

NY

STATE

11542

ZIP CODE