

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2023 NOV 24 AM 11:47

1. (a) Name of Candidate (in full) Mark Rice			2. FEC Candidate Identification Number		
(b) Address (number and street) 363 E. Wacker Dr - 2508		<input type="checkbox"/> Check if address changed			
(c) City, State, and ZIP Code Chicago, Illinois 60601		3. Is This Statement	<input checked="" type="checkbox"/> New (N)	OR	<input type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought House of Representatives		6. State & District of Candidate Illinois District 8		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions. -

(a) Name of Committee (in full) <b>Mark Rice for Congress Committee</b>
(b) Address (number and street) <b>363 E. Wacker Dr - 2508</b>
(c) City, State, and ZIP Code <b>Chicago, IL 60601</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate 	Date <u>11/12/23</u>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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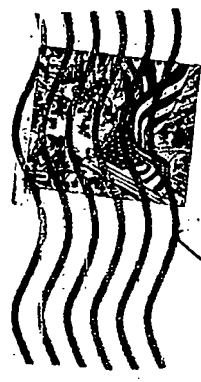
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Mark Rice  
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<b>WTD</b> PREPARER	<b>11/27/23</b> DATE PREPARED
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