FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andrew Rice for Congress 35 Quaker Place ADDRESS (number and street) (Check if address is changed) Milford 06460 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address andrewrice.ct3@riceforct.com is changed) Optional Second E-Mail Address rice.andrewjames@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2025 C00921460 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Koba, Tom, , Mr., 10 28 2025 Signature of Treasurer Koba, Tom, , Mr., Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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	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 Rice, Andrew, James, Mr.,					
	Candidate Party Affiliation Office Sought: House Senate President	State CT District 03				
	(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 Republican, e	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 Org	ganization				
	Membership Organization Trade Association Cooperation	ve				
	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.)					
	(g) This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) 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.					
	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. C					

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V	/rite or Type Committee Name				
	Andrew Rice for	Congress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative L	eadership PAC Sponso		
?.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in possession	on of committee		
	Koba, Tom	, Mr.,			
	Mailing Address	34 Anderson Avenue			
		Miflord CT 06460			
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer		395 - 8350		
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	me and address of		
	Full Name Koba, Tom of Treasurer	, Mr.,			
	Mailing Address	34 Anderson Avenue			
		Miflord CT 06460			
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer		395 8350		

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Full Name of Designated Agent	Rice, Joseph, , ,					
Mailing Address	35 Quaker Place					
	Milford	CT 0646	60			
Title ou Decition -	CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼ Assistant Treasure	r 	ephone number 475 -	254 - 6165			
	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, De	Name of Bank, Depository, etc.					
L	The Milford Bank					
Mailing Address	33 Broad Street					
	Milford	CT0646	0			
	CITY A	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			