Image#	20220	609951	4815668
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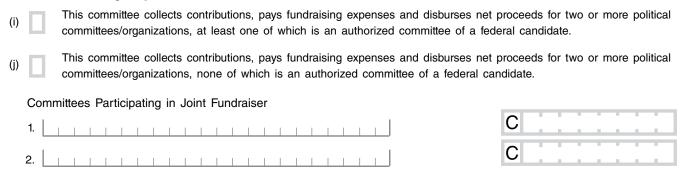
Use Only

mage# 202206099514815668			06/09/2022 12 : 05
FEC FORM 1	STATEME ORGANIZ		PAGE 1 / 5 —
			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Check Rice For (
DDRESS (number and street)	6414 N Albany apt 3e		
Check if address	apt 3e		
is changed)	CITY		IL 60645 STATE ▲ ZIP CODE ▲
OMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	max@checkrice.com		
	Optional Second E-Mail Ad max@energycx.com	dress 	
OMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)			
DATE 03 / 2	D / Y Y Y Y 1 2022		
FEC IDENTIFICATION N	UMBER ► C C	00810069	
IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
vpe or Print Name of Treasure	Pr Rice, Maxwell, , ,		
ignature of Treasurer	Maxwell, , ,	[Electronically Filed]	Date 06 / 09 / 2022
OTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530	

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2							
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								
Candidate Party Affiliation REP Office Sought: House Senate President	State IL District 09							
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 09							
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	ected organization is a:							
Corporation Corporation w/o Capital Stock Labo	r Organization							
Membership Organization Trade Association Coop	erative							
In addition, this committee is a Lobbyist/Registrant PAC.								
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)								
(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:



Relationship:

Г

	FEC Form 1 (Revised	02	/200)9)																															Pa	ige	ə 3	;	
۷	Write or Type Committee Name	Э																																					
	Check Rice Fo	or	С	0	ng	gr	e	SS	5																														
6.	Name of Any Connected C	Drg	gani	zat	ion	, A i	ffili	ate	d	Co	m	nit	tee	э, с	Joi	nt	Fu	uno	dra	isiı	ng	Re	pre	ese	ent	ati	ve	, o	r L	.ea	ad	ers	hip	o I	PAC	; ;	Spa	ons	sor
	NONE																																						
	Mailing Address																															1							

ZIP CODE

Leadership PAC Sponsor

STATE

Joint Fundraising Representative

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

1

Connected Organization

Affiliated Organization

Rice, Maxv	vell, , ,
Full Name	
Mailing Address	6414 N Albany apt 3e
	Apt 732
	Chicago IL 60645 IL - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Food and Beverage	Telephone number 847 873 4688

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	Rice, Maxwell, , ,									
of Treasurer										
Mailing Address	6414 N Albany apt 3e									
	Apt 3e									
	Chicago IL 60645 IL IL IL									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
Telephone number 847 873 4688										

FEC Form 1	(Revised 02/2009) Page 4	
Full Name of Designated Agent	Rice, Maxwell, , ,	
Mailing Address	6414 N Albany apt 3e	
	Northbrook	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
	Image:	

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.

	North Shore Community Ba	ank		1
Mailing Address	362 Park ave			
	Glencoe		IL 60022	
	C	TY 🔺	STATE A	ZIP CODE ▲
Name of Bank, I	epository, etc.			
Mailing Address				
C C				
	C	TY 🔺	STATE A	ZIP CODE ▲

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

I moved, not because of carpet bagging but because lease was up.

Form/Schedule: Transaction ID: