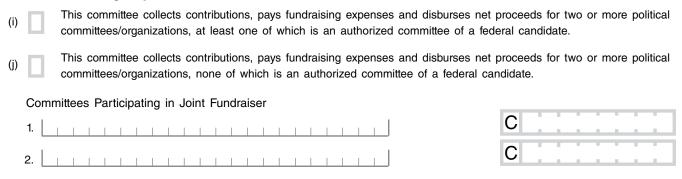
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06/09/2022 12 : 07

FEC FORM 1	STATEMEN ORGANIZA		Of	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Check Rice For	r Congress			
ADDRESS (number and street	t) 6414 N Albany apt 3e			
(Check if address is changed)	apt 3e			
	Chicago └ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		LL 606 STATE ▲	45 ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	DRESS			
(Check if address is changed)	max@checkrice.com			
	Optional Second E-Mail Addr max@energycx.com	ress		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 03 / 21 / 2022				
3. FEC IDENTIFICATION	I NUMBER ► C coo	0810069		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examine	ed this Statement and to the best o	of my knowledge and belief it is	s true, correct and	complete.
Type or Print Name of Treas	surer Rice, Maxwell, , ,			
Signature of Treasurer	ice, Maxwell, , ,	[Electronically Filed]	Date 06	D D / Y Y Y Y Y 09 2022
NOTE: Submission of false, en	rroneous, or incomplete information m ANY CHANGE IN INFORMATI	nay subject the person signing th ON SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	he candidate
Name of Candidate Rice, Maxwell, , ,	
Candidate Office Party Affiliation REP Sought: House Senate President	State IL District 09
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (Democrati	ic, n, etc.) Party
Political Action Committee (PAC):	od organization in -
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	eu organization is a:
Corporation Corporation w/o Capital Stock Labor (Organization
Membership Organization Trade Association Cooper	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



Relationship:

Connected Organization

	FEC Form 1 (Revised	l 02/2009)					Page	: 3
1	Write or Type Committee Nam	ne						
	Check Rice Fo	or Cong	ress					
6.	Name of Any Connected	Organization,	Affiliated	Committee	, Joint Fundra	ising Representative,	or Leadership PAC S	sponsor
	Mailing Address							

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

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

1

Affiliated Organization

Rice, Ma	xwell, , ,	
Full Name		<u> </u>
Mailing Address	6414 N Albany apt 3e	
	Apt 732	
	Chicago	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
	CITY 🔺	STATE ▲ ZIP CODE ▲
Title or Position ▼		
Food and Beverage	Telephone nu	mber 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 ▼				
	Image: Telephone number 847 873 4688			

FEC Form 1	1 (Revised 02/2009) Page	• 4
Full Name of Designated Agent	Rice, Maxwell, , ,	
Mailing Address	6414 N Albany apt 3e	
	Northbrook IL 60645	
	CITY ▲ STATE ▲ ZIP CODI	E 🔺
Title or Position	▼	
	Telephone number	4688

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 Bank		
Mailing Address	362 Park ave		
	Glencoe		2
	CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲