## **FEC** FORM 1

2019:06:08:08:00278797

## STATEMENT OF **ORGANIZATION**

RECEIVEU FEC MAIL CENTER

2019 JUN \_3 PH 2: 32

			Office Ose Offiy			
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
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	•	111111				
ADDRESS (number and street)	<i>1</i>	18/T/L SIT 1/1-13				
☐ ◀ (Check if address is changed)						
	CITY A	5	MC 2,820,21-2,76.9 STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	ss	•				
☐ ◀ (Check if address is changed)	KING DANII	1281210512BAAI	L. COM			
	Optional Second E-Mail Ac	ddress				
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
(Check if address is changed)	LM/A					
		1.1.1.1.1.1.1.1.1.				
2. DATE $0.5$	ŶĬŎĬŸ		•			
3. FEC IDENTIFICATION N	JMBER ▶ C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined the	nis Statement and to the bes	st of my knowledge and belief i	t is true, correct and complete.			
Type or Print Name of Treasure	DAVID Mic	hael Rice				
Signature of Treasurer	David Miki	<u></u>	Date 0,5 '98 '301'9'			
NOTE: Submission of false, erron		n may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.			
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1			

Local 202-694-1100

	F	EC For	m 1 (Revised 02/2009)	Page 2						
5.			DMMITTEE							
		didate	Committee:							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name Cand		DANID Michael RicE							
	Cand Party	date Affiliatio	on REP Office Sought: House Senate President	State District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi		W+A:							
	Part	Party Committee:								
	(d)			(Democratic, Republican, etc.) Party.						
	Polit	Political Action Committee (PAC):								
•	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:						
	B		Corporation Corporation w/o Capital Stock	Labor Organization						
1	NT		Membership Organization Trade Association	Cooperative						
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party						
		لــا	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political						
		Com	mittees Participating in Joint Fundraiser							
1		1.								
		2.								
		3.	FEC ID number							
		4.								
			· · · · · · · · · · · · · · · · · · ·							

. Hame of Any Connected	1 Organization, Affiliated Committee, Joint Fundra	aising Representative,	or Leadership PAC Sponsor
			1111111
		111111	
Mailing Address			
A M			
( v	CITY	STATE	ZIP CODE
Relationship: Connec	eted Organization DAffiliated Committee Date:	Fundraising Bearses	tivo. The adership BAC See
Relationship: Connec	ted Organization Affiliated Committee Joint	Fundraising Hepresenta	tive Leadership PAC Spo
•			
	BOIL WEST 8Th ST.	Λ-3·1·1·	
Mailing Address			
	C		
	C, h, A, R, L, O, T, T, E,	$N_{C}$	0,8,2,021-12,7,6
Title or Position	CITY	STATE	ZIP CODE
Title of Fosition			
TREASURE	R Tele	ephone number $\overset{\cdot}{\mathbb{Z}}$	0,4]-18,9,0]-17,4,0
TREASILIRE	and address (phone number optional) of the treas		
TREIASILIRE	and address (phone number optional) of the treas		
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasures, assistant treasurer).	surer of the committee;	and the name and address of
TREASILE Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treas ., assistant treasurer).	surer of the committee;	and the name and address of
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasures, assistant treasurer).	surer of the committee;	and the name and address of

CITY

FEC Form 1 (Revised 02/2009)

2019:06:0X:0M:00278799

Title or Position

TREASURER

Page 3

ZIP CODE

7041-18901-17402

STATE

Telephone number

2019:06:0M:0M:00278800





FROM:

LORD GOD RICECHILD'S Theoretic GOWERMI RICE TOWN CITY, USA CHARLOTTE RICETOWN CITY, N. C. 28202 301 WEST 8th Street, Suite A-311

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E f PREPARER	6/3/) 9 DATE PREPARED			
(3/2015)				