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STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

FORM 1		OHOAHI	AHON	1. P002	AY - 1 A II: 37 Office Use Only
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typ over the lines.	ing, type 12F	E4M5
REX RIC	EF	or Congre	ss 		
سسسبا				11111	
ADDRESS (number a	ind street)	3011 Prov	100000	Way	
(Check if a is changed)	ddress)	Eas, ley		<u> </u>	- 129.6.4.21
		SOX /706 SS (Please provide only one	e-mail address)	_	zip code 2 964 /
(Check if is change	address ed)	Rex CRE	KKRiCPO	<u> </u>	
COMMITTEE'S WEE	address	DRESS (URL) [WWW.siRicikiK	i ce Go		
2. DATE	4'2	3 2009			:
3. FEC IDENTIFI	CATION N	JMBER С	ನೀರ್ಥವಾಗಿ ಎಲ್ಲಿ ಎಲ್ಲಡಾವು. ಕಲ್ಲಿ ಆರ್ಟಿಂಪದಿಯಲ್ಲಿ ಎಲ್ಲಿಂಡ	e i Tip rosiji N Saradeniel	•
4. IS THIS STATE	MENT 🏃	NEW (N) OR	[] AME	NDED (A)	
I certify that I have Type or Print Name		nis Statement and to the b	est of my knowledge LASOVO	e and belief it is true,	correct and complete.
Signature of Treasur	rer			Date	04 26 2009
NOTE: Submission of	false, errop	eous, or incomplete informat ANY CHANGE IN INFORM			ement to the penalties of 2 U.S.C. §437g. 0 DAYS.
Office Use			Federal El	r information contact: ection Commission 00-424-9530	FEC FORM 1 (Revised 02/2009)

_	FEC F	orm 1 (Revised 02/2009)	Page 2
5.		COMMITTEE te Committee:	
	(a) V	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. (Cominformation below.)	plete the candidate
	Name of Candidate	Rex Fontaine Rice	
	Candidate Party Affilia	tion REP Office Sought: House Senate President	State 5 C
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Co		
	(q)	· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
	Political A	Action Committee (PAC):	•
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
	Joint Fund	draising 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.	o or more political
ı	(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
	Corr	nmittees Participating in Joint Fundraiser	-
	1.	FEC ID number C	······································
	2.	FEC ID number C	
	3.	FEC ID number C	e same de la companya de la company La companya de la companya de
	4.	FEC ID number C	

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6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundr	alsing Representative, o	or Leadership PAC Sponsor											
MOMELILI			11111111											
		1111111	11111111											
Mailing Address			1111111											
	CITY	STATE	ZIP CODE											
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor														
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optiona) and position of the per	rson in possession of committee											
Full Name Ruth	B. Rige													
Mailing Address	Biot. Piradioderacia	Uay												
	P.G. B.G.K. 1706		<u> </u>											
	Eas/cy	<u> </u>	[29.64./]-											
Title or Position	CITY	STATE	ZIP CODE											

Page 3

864-915-5843

	ne name and address (phone number — optional) of the treasurer of igent (e.g., assistant treasurer).	the committee;	and the name and ad-	aress of
Full Name of Treasurer	NOHN MICHAEL GASQUE			
Mailing Address	1.1.0 PORTSMOUTH LAN	<u> </u>		لححد
				لنبي
	EASLEY	SCI	12,9,6,4,21-1	ليب
-	CITY	STATE	ZIP CODE	
Title or Position	, m	.0	1 16 11 162 10	(() -

Telephone number

Telephone number

FEC Form 1 (Revised 02/2009)

19515, 15 Teas VITERS VITER

Write or Type Committee Name

FEC Form 1 (Revised 02/2009)

P.O. BOX 11706	
Easley	1111 BC1 [29641]-
СПУ	STATE ZIP CODE
Trierisioniqui	Telephone number 664-915-5843

 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.

Title or Position

903008292

· · · · · · · · · · · · · · · · · · ·	- <u>-</u>	CITY	STATE	ZIP CODE	
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·		<u> </u>	1 1 1		
Mailing Address		1,52,4, E. Main St.			ل
	The	Palmetto Bank	<u> </u>		ل

Name of Bank, Depository, etc.

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Mailing Addres	is		L				L	L					1	۱.		 1		 				1		1	.1	ı.	1	_1_				
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CITY

STATE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked · **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED