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FEC FORM 2

STATEMENT OF CANDIDACY

_	()) () () () () () () () () (
1.	(a) Name of Candidate (in full) HICE, JODY, , ,											
	(b) Address (number and street)	☐ Check if address changed			2. Candidate's FEC Identification Number							
	PO BOX 586	□ Check if address changed				2. Candidate's FEC Identification Number H0GA07125						
	(c) City, State, and ZIP Code					3. Is This	s Ne	W	14	Amended		
	MONROE		G/	3065	5	Staten	nent (N)	OR	x	(A)		
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candid	date					
	REPUBLICAN PARTY	House			GA	10						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)											
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in th	ne instructions.							
	(a) Name of Committee (in full) JODY HICE FOR C	ONGRES	SS									
	(b) Address (number and street) PO BOX 586											
	(c) City, State, and ZIP Code											
	MONROE				GA	30655	5					
	Di	SIGNATIO		HED VII	THODIZED	COMMIT	TEES					
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
8.	I hereby authorize the following na candidacy.	med committee	, which is NO	T my principa	al campaign con	mmittee, to re	eceive and exp	end fund	s on bel	nalf of my		
	NOTE: This designation should be	filed with the pr	incipal campa	aign committe	96.							
	(a) Name of Committee (in full) FREEDOM PAC											
	(b) Address (number and street)											
	824 S MILLEDGE AVE STE	01										
	(c) City, State, and ZIP Code											
	ATHENS				GA	30605	i					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.												
Sig	gnature of Candidate					Date						
HI	CE, JODY, , ,			[Elect	ronically Filed]	12/14/20	18					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page ____2 **of** _____

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)									
8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
	candidacy. NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	HICE FREEDOM FUND									
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101									
	(c) City, State, and ZIP Code									
	ATHENS GA	A	30605							
8.	s. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	3. I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE : This designation should be filed with the principal campaign co	-	nmittee, to receive and expend funds on behalf of my							
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	 I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE: This designation should be filed with the principal campaign co 		nmittee, to receive and expend funds on behalf of my							
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									