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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorized Committee				Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRIN	·	cample: If typing, ver the lines.	type	12FE4M5		
JOE PROFIT FO	R CONGRESS L	LC				1	
	ı 110 BRIDLE F	PATH I NI					
ADDRESS (number and st							
▼ Check if different							
than previously reported. (ACC)					GA 30	0016	
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY ▲		S	STATE A	ZIP CODE ▲	
C C00675777		3. IS THIS REPORT	X NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT GA O4 O4	
4. TYPE OF REPO (a) Quarterly Repo	,	(b) 12-Day PRE	E-Election Report	for the:	General (120	Runoff (12R)	
April 15 Quarterly Report (Q1)		П	Convention (12	PC)	Special (12S)		
July 15 Qu	arterly Report (Q2)		Convention (12	.0)	opeciai (120)	
X October 15	Quarterly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of	
January 31	Year-End Report (YE)	(c) 30-Day POS	ST-Election Repo	ort for the:			
			General (30G)		Runoff (30R)	Special (30S)	
Termination	Report (TER)	Election on	M " M /	D D /	Y " Y " Y " Y	in the State of	
5. Covering Period	M M / D D /	7 Y Y Y Y Y Y 2019	through	M M 09	/ 0 0 / 30	2019	
I certify that I have exan	PROFIT, WA		nowledge and be	elief it is tru	e, correct and c	omplete.	
Signature of Treasurer	PROFIT, WANDA, , ,		[Electronically Fil	<i>led]</i> Da	ate 10	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of false	e, erroneous, or incomple	ete information may	subject the perso	on signing th	nis Report to the	penalties of 52 U.S.C. §30109	
Office Use Only						FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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2019

09

Write or Type Committee Name JOE PROFIT FOR CONGRESS LLC

07 2019 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 71628.47 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 71628.47 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 68939.74 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 68939.74 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 5727.15 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 12800.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

JOE PROFIT FOR CONGRESS LLC

07 2019 09 30 2019 Report Covering the Period: From: To:

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date					
11. CONTRIBUTIONS (other than loans) FROM:							
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	68658.47					
(ii) Unitemized	0.00	2970.00					
(iii) TOTAL of contributions from individuals	0.00	71628.47					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	0.00					
(d) The Candidate (e) TOTAL CONTRIBUTIONS (other than leave)	0.00	0.00					
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	71628.47					
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00					
3. LOANS: (a) Made or Guaranteed by the	0.00	2200 00					
Candidate	0.00	2300.00					
(b) All Other Loans(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	12800.00					
4. OFFSETS TO OPERATING EXPENDITURES	0.00	0.00					
(Refunds, Rebates, etc.)	9	0.00					
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00					
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	84428.47					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 9 **COLUMN B**

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES		0.00	68939.74
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		, , , , , , , , , , , , , , , , , , , ,
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	68939.74
	III. CASH SU	MMARY	_
23.	CASH ON HAND AT BEGINNING OF REPORT	5727.15	
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		5727.15
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	ı Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	5727.15	

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s)

PAGE 5 OF FOR LINE NUMBER:

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for each category of the **X** 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4160 NAME OF COMMITTEE (In Full) JOE PROFIT FOR CONGRESS LLC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary JOE PROFIT FOR CONGRESS LLC General X Mailing Address 110 BRIDLE PATH LN Other (specify) City State ZIP Code X Personal Funds of the Candidate COVINGTON GΑ 30016 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 800.00 0.00 800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M80^M Ž018 **2019** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 800.00 TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

9

13b Transaction ID: SC/10.4158 NAME OF COMMITTEE (In Full) JOE PROFIT FOR CONGRESS LLC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary PROFIT, JOE, , , General X Mailing Address 110 BRIDLE PATH LN Other (specify) City State ZIP Code X Personal Funds of the Candidate COVINGTON GΑ 30016 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D ^M80^M Ž018 **2019** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE FOR LINE NUMBER: (check only one)

OF

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13a

X 13b Transaction ID: SC/10.4161 NAME OF COMMITTEE (In Full) JOE PROFIT FOR CONGRESS LLC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary J & N PLAZA LLC General X Mailing Address 6000 LIVE OAK PARKWAY Other (specify) SUITE 102 State ZIP Code City Personal Funds of the Candidate GΑ 30093 **NORCROSS** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 10M Ž018 **2019** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF
FOR LINE NUMBER: (check only one)

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13a

X 13b Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) JOE PROFIT FOR CONGRESS LLC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary PROFIT, WANDA, , , General Mailing Address 3936 BLUSTERY N.E. Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate GΑ 30066 **MARIETTA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 03M Ž018 3/8/2019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 C FOR LINE NUMBER: (check only one)

OF

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13a

X 13b Transaction ID: SC/10.4156 NAME OF COMMITTEE (In Full) JOE PROFIT FOR CONGRESS LLC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary WICKER, GEORGE, , , General Mailing Address PO BOX 767 Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate GΑ 30091 **NORCROSS** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M 03M Ž018 3/9/2019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only)..... 12800.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.