

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

JODY HICE FOR CONGRESS, INC.

ADDRESS (number and street)

PO BOX 586



Check if different than previously reported. (ACC)

MONROE

GA

30655

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00544445

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

GA

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2021

through

M M / D D / Y Y Y Y

09 / 30 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KILGORE, PAUL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this 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)

PAGE 2 / 10

Write or Type Committee Name

JODY HICE FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	41820.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	2675.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	39145.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6618.61	137404.38
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6618.61	137404.38
8. Cash on Hand at Close of Reporting Period (from Line 27)	194448.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	65100.00	

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)

PAGE 3 / 10

Write or Type Committee Name

JODY HICE FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	1

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

27850.00

(ii) Unitemized.....

0.00

1970.00

(iii) TOTAL of contributions from individuals ▶

0.00

29820.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

12000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

41820.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.00

41820.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6618.61	137404.38
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
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2675.00
(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	2675.00
21. OTHER DISBURSEMENTS	2000.00	12500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8618.61	152579.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	203067.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	203067.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8618.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	194448.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JODY HICE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003-1164Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

2250.00

Transaction ID : B92F6921BB5DB4A74AB8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OCONEE CHAMBER OF COMMERCEMailing Address 55 NANCY DRIVE
PO BOX 348City
WATKINSVILLEState
GAZip Code
30677-2430Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : B138D87DB0D6E4CA7AB3

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICESMailing Address 824 S MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

3041.53

Transaction ID : BADB4D4930273431DAE5

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5416.53

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JODY HICE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE COMMERCIAL BANK

Mailing Address P. O. BOX 306

City
CRAWFORDState
GAZip Code
30630-0306Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1167.49

Transaction ID : B6EBC82C43B4C4D2B96E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WE THE PIZZA

Mailing Address 305 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003-1148Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

616.23

Transaction ID : BB876523BF0AE4FA7B6A

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CHIPOTLE

Mailing Address 1110 CENTRE POINTE CURVE

City
MENDOTA HEIGHTSState
MNZip Code
55120-4103Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

239.25

Transaction ID : BEE00763FCA114FEFB5A

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1167.49

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JODY HICE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

81.58

Transaction ID : B16B5A87333B443AA9E7

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. THE COMMERCIAL BANK

Mailing Address P. O. BOX 306

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

City
CRAWFORDState
GAZip Code
30630-0306Purpose of Disbursement
CREDIT CARD FEES

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.00

Transaction ID : BCFA41E5AEA9B43D38FA

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.80

Transaction ID : BFCE1F7B7B0734D5AA23

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JODY HICE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PAPA JOHN'S

Mailing Address 498 BAXTER ST

City
ATHENSState
GAZip Code
30605-1104Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

161.02

Transaction ID : B7B10E64DB52840D2AE8

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. WAR ROOM STRATEGIESMailing Address 3651 MARS HILL RD
STE 500BCity
WATKINSVILLEState
GAZip Code
30677-5988Purpose of Disbursement
REIMBURSEMENT- MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

34.59

Transaction ID : BBA948BF2C311421BA1B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

34.59

TOTAL This Period (last page this line number only).....▶

6618.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

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NAME OF COMMITTEE (In Full)

JODY HICE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TIMOTHY BARR FOR CONGRESS, INC.

Date of Disbursement

M M	D D	Y Y Y Y
09	20	2021

Mailing Address 824 S MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

BARR, TIMOTHY, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 10

FEC Identification Number

C C00779553

Amount of Each Disbursement this Period

2000.00

Transaction ID : B4063A346B5D44B34BB8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

2000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCB50320CC15D448BBCA

JODY HICE FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HICE, JODY, , ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 586

City

MONROE

State

GA

ZIP Code

30655-0586

☒ Personal Funds of the Candidate

Original Amount of Loan

65100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

/ D 04 D

/ Y 2010 Y

M M

/ D D

/ Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

65100.00

TOTALS This Period (last page in this line only).....▶

65100.00

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