□	Yes	pendent child	nsactions, or liabilities of a spouse or dependent child onsulted with the Committee on Ethics.	rned" income, tra	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION —Have you excluded because they meet all three tests fo
Z S	Yes 🔲	ot be	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	ittee on Ethics an	-Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted I Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Details regarding "Qualif disclosed. Have you excluded from
Ø	QUESTION)F THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFORMA	E, DEPENDENT, OR TRUS	EXCLUSION OF SPOUS
	response.	each "Yes" ı	opriate schedule attached for each "Yes" response	and the appr	Each question in this part must be answered and the appropriate scheo	Each question
₹	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No A Si	nt child have any report- the reporting period? Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
Š	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No With	t child receive "unearned" ng period or hold any 0 at the end of the period? II.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
No	Yes	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No IV.	n the reporting period? Yes	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
			EACH OF THESE QUESTIONS	OF THESE (- ANSWER	PRELIMINARY INFORMATION — ANSW
					ark in blue or block int	in all partions please time or print ale
assessed who files	A \$200 penalty shall be a against any individual we more than 30 days late.	A \$200 per against an more than :	Check if Amendment	Date of T	State: GR Sentatives District: 10TH Employing Office:	Filer Candidate for the House of Representatives New officer or employee
	(Office Use Only)	CC .	:			
•	S. ROCOL BETTER NESELY AND TO	S. HUCLLOF HE	-	Daytime Telephone:	ICE	Name: Jody B. HICE
Page 1 of 6	PRESIDENTE RESOURCE CENTER 2013 JUN - 7 PM 3: 00	ESTELATIVE N	FORM B For use by candidates and new employees	For u	OF REPRESENTATIVES E STATEMENT 。012 - 유우氏に 30, スの13	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - 유セミル 30, 2013

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JODY W 子にな

> Page 2 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: willially bay (such as inalichial Gualic of hissiste bay), iscolar remonitant programs, and	2010118	Lecolated all act also Cooler	Cooking From
Course (include date of receipt for honorarie)	Type	Amount	unt
Calca (include date of receipt to increase)	.) [~	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Т	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
THE SUMMIT CHURCH LOGANVILLE, GA	SALARY	17,981	50,558
THE SUMMIT CHURCH, LOGANVILLE, GA	HOUSING ALLOWANCE	6,130	17,236
THOR (20	BOOK SALES	260	8,599
THERE'S HOPE, CUMMING, GA (ZOIZ NET &) TY SHOW CO-HOST	TY SHOW CO-HOST	J	6,000

BBAT BANK - ACCOUNTS	GULIDESTONE RETIREMENT	BETHLEHEM, GA	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	nomes and vacation nomes (unless there was remainded); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A	Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any offer reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
*	*	×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A 65 C C C C C C C C C C C C C C C C C C	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
×	×	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
メ	*	× ×		×	X X X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000,000 \$15,001 - \$5,000 \$15,001 - \$5,000 \$50,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Joby W HICE

None	Continu	Continuation Sheet (if needed)		ı	ı	1	i	l	ĺ	ı	ı	ı	ı	l	1	1	1	1	ı	1	l	i	ı	ı	ı	ł	ı	lГ		11			7007	$H_{\rm c}$	H^{-}	11.	1 6	۱I۱	;	111			Ш		11	H	11	ΙL	П	11 4	1 I 1	1 I	1 E	1 .		
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Z D None	SP,		 		O	П	773				-1	۲.				00* ≤										fy: e.g.,	me)				1	വ	⊆ I	ā	2 I	ا ≻	. g	₹					1		_	3	ୂହ [ğ	<u>≘</u> .	Preceding	ارس		œ l	Year	'ear	'ear
None \$1.51,000 \$1,001 \$15,000 \$15,001 \$15,000 \$15,001 \$15,000 \$15,001 \$15,000 \$15,001 \$15,000 \$15,001 \$100,000 \$100,000 \$100,000 \$250,001 \$100,000 \$250,001 \$1000,000 \$1,000,001 \$5,000,000 \$1,000,000 \$25,000 \$25,000	JŢ,		 	· · · · · · · · · · · · · · · · · · ·				- 4			0	00				1,000,00	,						ICT	131		-(Specif	rm Inco			=	=	2				=		×	×	×				=	≝	₹		_ <	≤	≦	≤		~	XI IIIV IIV	×	
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No No St St St St St St St S			 			0,001 – \$100,					,000,001 - \$5	.000.001 - \$2					NE	VIDENDS			TEREST	PITAL GAINS				Other Type of I	artnership Inco		The state of the s	<i>-</i> \$200	01 - \$1,000	001 – \$2,500	501 \$5,000					00,001 - \$1,000	,000,001 - \$5,0	er \$5,000,000				\$200	01 - \$1,000	001 - \$2,500	Fa:	501 - \$5,000	,001 – \$15,000	5,001 - \$50,000	0,001 – \$100,00			00,001 - \$1,000	00,001 - \$1,00 0 ,000,001 - \$5,0	00,001 - \$1,000
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SCHEDULE III — LIABILITIES

Name Jody B. HICE

Page 5 of 6

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

						J DC SP
			SALLIE MAE	CENLAR	Example: First Bank of Wilmington, DE	Creditor
			ナロント	7-009	May 1998	Date Liability Incurred mo/year
			STUDENT LOAN	RENTAL HOUSE MORTGAGE	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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						\$25,000,001—
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						\$50,000,000 C Spouse/DC
						Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
PRESIDENT	LFR MINISTRIES, INC

SCHEDULE V — AGREEMENTS

Name JODY B. HICE

Page 6 of 6

		N/A	Date	Identify the date, parties to, and general te service; continuation or deferral of paymen efit plan maintained by a former employer.
			Parties To	nts by a former or current employer other tha
			Terms of Agreement	Identity the date, parties to, and general terms of any agreement or arrangement with respect to: ruture employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
ZA	