

**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

CLYDE FOR CONGRESS INC

ADDRESS (number and street)

PO BOX 888



Check if different than previously reported. (ACC)

JEFFERSON

GA

30549-0888

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00740100

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

GA

09

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

01 / 01 / 2021

through

M M / D D / Y Y Y Y

03 / 31 / 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

04 / 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 / 25

Write or Type Committee Name
CLYDE FOR CONGRESS INC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
 01 / 01 / 2021

To:

M M / D D / Y Y Y Y
 03 / 31 / 2021

	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))....	53717.80	60947.80
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	53717.80	60947.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19225.77	91846.23
(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))	19225.77	91846.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	42600.51	
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)	830000.00	

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

PAGE 3 / 25

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CLYDE FOR CONGRESS INC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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).....**

36250.00

37750.00

(ii) Unitemized.....

1967.80

2197.80

(iii) TOTAL of contributions from individuals ▶

38217.80

39947.80

(b) Political Party Committees.....

0.00

0.00

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

15500.00

21000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

53717.80

60947.80

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

0.00

80000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

80000.00

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)..... ▶

53717.80

140947.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19225.77	91846.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	128591.69
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	128591.69
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	6501.06
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19225.77	226938.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8108.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53717.80
25. SUBTOTAL (add Line 23 and Line 24).....	61826.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19225.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42600.51

X	11a		11b		11c		11d	
	12		13a		13b		14	☐ 15

NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
PRITCHARD, JAMES, , ,

Mailing Address PO BOX 1688

City BUFORD	State GA	Zip Code 30515-8688
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
14200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2021

Transaction ID : A487314377ABB4C85934

Amount of Each Receipt this Period

2900.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
PRITCHARD, JAMES, , ,

Mailing Address PO BOX 1688

City BUFORD	State GA	Zip Code 30515-8688
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2020
☐ Primary ☐ General
☒ Other (specify) ▼ PRIMARY RUNOFF DEBT

Election Cycle-to-Date ▼
14200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2021

Transaction ID : AE098AA183EAD41069C4

Amount of Each Receipt this Period

2800.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
PRITCHARD, JAMES, , ,

Mailing Address PO BOX 1688

City BUFORD	State GA	Zip Code 30515-8688
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2020
☐ Primary ☐ General
☒ Other (specify) ▼ PRIMARY DEBT

Election Cycle-to-Date ▼
14200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2021

Transaction ID : A35638301066C4408B5E

Amount of Each Receipt this Period

2800.00

☐ Memo Item

8500.00

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

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial) PRITCHARD, JAMES, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼ Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : A000D3BC2378D47AFA63 Amount of Each Receipt this Period 2900.00 ☐ Memo Item
B. Full Name (Last, First, Middle Initial) PRITCHARD, JAMES, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2020 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : AB3BEF43ACF9A4338A36 Amount of Each Receipt this Period 2800.00 ☐ Memo Item
C. Full Name (Last, First, Middle Initial) PRITCHARD, TRACI, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2020 ☐ Primary ☐ General ☒ Other (specify) ▼ PRIMARY DEBT Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : AA1C2F2EE853748569EE Amount of Each Receipt this Period 2800.00 ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			8500.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial) PRITCHARD, TRACI, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼ Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : A328BD6BBDA324E629B9 Amount of Each Receipt this Period 2900.00 ☐ Memo Item
B. Full Name (Last, First, Middle Initial) PRITCHARD, TRACI, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2020 ☐ Primary ☐ General ☒ Other (specify) ▼ PRIMARY RUNOFF DEBT Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : A50B5422FB892446EB5D Amount of Each Receipt this Period 2800.00 ☐ Memo Item
C. Full Name (Last, First, Middle Initial) PRITCHARD, TRACI, , , Mailing Address PO BOX 1688 City BUFORD State GA Zip Code 30515-8688 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2020 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT Election Cycle-to-Date ▼ 14200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 16 2021 Transaction ID : AC0633BDCF55142DDAAE Amount of Each Receipt this Period 2800.00 ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			8500.00
TOTAL This Period (last page this line number only)..... ▶			

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

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
PRITCHARD, TRACI, , ,

Mailing Address PO BOX 1688

City BUFORD	State GA	Zip Code 30515-8688
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 14200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2021

Transaction ID : A953EBA97DCEC4A36984

Amount of Each Receipt this Period

2900.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
SMITH, KIMBERLY, , ,

Mailing Address 296 MEELER CIR

City BOGART	State GA	Zip Code 30622-6837
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2021

Transaction ID : A2A0002D792D745868D0

Amount of Each Receipt this Period

300.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
SWEET, JON, , ,

Mailing Address 6105 E LAUREL LN

City SCOTTSDALE	State AZ	Zip Code 85254-4960
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RYAN	Occupation PRINCIPAL
--------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2021

Transaction ID : A681A4C09C20A405AAEA

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial) WALLACE, JAY, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2021	
Mailing Address 295 MILL CREEK CT			Transaction ID : A3DEDFF3F28B54812993	
City ACWORTH	State GA	Zip Code 30101-4740	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer ADVENTURE OUTDOORS		Occupation OWNER		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼		
SUBTOTAL of Receipts This Page (optional).....			1000.00	
TOTAL This Period (last page this line number only).....			36250.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION PAC (GDC PAC)

Mailing Address 11011 SUNSET HILLS RD

City
RESTON

State
VA

Zip Code
20190-5311

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼

PRIMARY DEBT

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 06 2021

Transaction ID : A5AE5B21FAACD42FA81B

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

HOUSE FREEDOM FUND

Mailing Address 300 INDEPENDENCE AVE SE

City
WASHINGTON

State
DC

Zip Code
20003-1021

FEC ID number of contributing
federal political committee.

C C00552851

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2021

Transaction ID : A19B099798F2746BE933

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City
FAIRFAX

State
VA

Zip Code
22030-7550

FEC ID number of contributing
federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 18 2021

Transaction ID : AA42E1EBA434448C5847

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

7500.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City NEW ORLEANS State LA Zip Code 70183-0219

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2021

Transaction ID : A32274D5B45344276BEE

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

Mailing Address 1155 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2706

FEC ID number of contributing federal political committee. **C** C00570226

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2021

Transaction ID : AA2DFECF6125844C39CD

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
THE EYE OF THE TIGER PAC

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2021

Transaction ID : A91165EE3229540B983C

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

8000.00
15500.00

**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)

CLYDE FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03	18	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1141.50

Transaction ID : B64B3C67848C94191994

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03	20	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

232.60

Transaction ID : BF733D8BAF32E49BB869

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03	22	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

25.50

Transaction ID : B8DD9AE908CAB4188BAF

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

1399.60

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

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)

CLYDE FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03		24		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

4.10

Transaction ID : B865F78D039E44F8881C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03		26		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : B53538B0A6DA14C3F990

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
TRANSACTION FEES

001

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
03		31		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

10.90

Transaction ID : B91B9EAA436CE4D9D8CB

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

55.30

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)

CLYDE FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL, INC.

Mailing Address 205 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003-1164Purpose of Disbursement
DATABASE SOFTWARE

001

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
03		29		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B8433B63C678C4B4C8AA

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHALMERS & ADAMS, LLCMailing Address 5805 STATE BRIDGE RD
77GCity
DULUTHState
GAZip Code
30097-8220Purpose of Disbursement
LEGAL FEES

001

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
03		29		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

4320.00

Transaction ID : BA485AEEC1FEE48A4A01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HIGH COTTON CONSULTING

Mailing Address 800 W 47TH ST STE 200

City
KANSAS CITYState
MOZip Code
64112-1244Purpose of Disbursement
FUNDRAISING CONSULTING

001

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
03		29		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

7795.00

Transaction ID : B254BCF4A31534A7787B

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

13615.00

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

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

PAGE 16 OF 25

☒ 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)

CLYDE FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2021

City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE CONSULTING

001

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

4074.00

Transaction ID : BEC7278CAD5F741609D5

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

4074.00

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

19143.90

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5DB7069EC0354694A86

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

80000.00

0.00

80000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 25 D

Y 2020 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).....▶

80000.00

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

PAGE 18 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE6F20517707B4749B2D

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

90000.00

0.00

90000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 22 D /

Y 2020 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).....▶

90000.00

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

PAGE 19 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C34182F13FF5947F3819

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼
PRIMARY RUNOFFMailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

110000.00

0.00

110000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 18 D

Y 2020 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).....▶

110000.00

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

PAGE 20 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C863C2DF5924D4CD69BE

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75000.00

0.00

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 06 D

Y 2020 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).....▶

75000.00

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

PAGE 21 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C99A4F6D03EF2418F9F0

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

135000.00

0.00

56027.72

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

/ D 07 D

/ Y 2020 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).....▶

56027.72

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

PAGE 22 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCB914824931D4AFE9DC

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

JEFFERSON

State

GA

ZIP Code

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

120000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 13 D

Y 2020 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).....▶

120000.00

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

PAGE 23 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C661AE72425904782AAC

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

State

ZIP Code

JEFFERSON

GA

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

80000.00

Cumulative Payment To Date

51027.72

Balance Outstanding at Close of This Period

28972.28

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 03 D

Y 2020 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).....▶

28972.28

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

PAGE 24 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C76E8215606E84791BAD

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼
PRIMARY RUNOFFMailing Address
PO BOX 888

City

JEFFERSON

State

GA

ZIP Code

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

140000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M/ D 28^D

/ Y 2020 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).....▶

140000.00

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

PAGE 25 OF 25

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC43935E7CC194CF1900

CLYDE FOR CONGRESS INC

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

CLYDE, ANDREW, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 888

City

JEFFERSON

State

GA

ZIP Code

30549-0888

☒ Personal Funds of the Candidate

Original Amount of Loan

380000.00

Cumulative Payment To Date

128591.69

Balance Outstanding at Close of This Period

130000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

/ D 27 D

/ Y 2020 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).....▶

130000.00

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

830000.00

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