

# 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 2025

through

M M /

D D /

Y Y Y Y 2025

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

Type or Print Name of Treasurer KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

Date

M M /

D D /

Y Y Y Y 2025

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 03/2016)

Write or Type Committee Name

**CLYDE FOR CONGRESS INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	107200.25	175930.74
(b) Total Contribution Refunds (from Line 20(d)) .....	2000.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	105200.25	175930.74
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	37643.67	92547.35
(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)).....	37643.67	92547.35
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	169640.54	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	1308863.64	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**CLYDE FOR CONGRESS INC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76500.00	134350.00
(ii) Unitemized.....	14200.25	17580.74
(iii) TOTAL of contributions from individuals ▶	90700.25	151930.74
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16500.00	24000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	107200.25	175930.74
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	107200.25	175930.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37643.67	92547.35
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 .....	2000.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	- 2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	39643.67	92547.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	102083.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107200.25
25. SUBTOTAL (add Line 23 and Line 24).....	209284.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39643.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	169640.54

# 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)		PAGE 5 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
ACTON, MICHAEL, , ,

Mailing Address 186 PEACHWOOD LN

City HOMER	State GA	Zip Code 30547-1515
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation DEVELOPER
-----------------------------------	-------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

**Transaction ID : A5F67E16AFED6496494C**

Amount of Each Receipt this Period  
3500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AIN, MIKE, K., ,

Mailing Address PO BOX 290101

City NASHVILLE	State TN	Zip Code 37229-0101
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FEC ID number of contributing federal political committee. **C**

Name of Employer ASURION CORPORATION	Occupation ATTORNEY
---	------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 08 / 2025

**Transaction ID : A6F3C5664ECB34E9293F**

Amount of Each Receipt this Period  
3500.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON	State DC	Zip Code 20090
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FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer	Occupation
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 11 / 2025

**Transaction ID : A9CB7EB8A4FC64B418FB**

Amount of Each Receipt this Period  
3500.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7000.00
<b>TOTAL</b> 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: PAGE 6 OF 54  
(check only one)  
 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)  
BAKER, DOUGLAS, R., ,

Mailing Address 949 MARSHALL CLARK RD

City HOSCHTON State GA Zip Code 30548-2837

FEC ID number of contributing federal political committee. C

Name of Employer BAKER ENVIRONMENTAL Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : AF24789B28AB84C47AC8

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BINGHAM, CHAD, W., ,

Mailing Address 6454 HIGHWAY 53

City BRASELTON State GA Zip Code 30517-2710

FEC ID number of contributing federal political committee. C

Name of Employer BINGHAM INSURANCE GROUP Occupation AGENT/OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : A160C3994E4C94592850

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
BLACK, GARY, , ,

Mailing Address 930 B WILSON RD

City COMMERCE State GA Zip Code 30529-3814

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2025

Transaction ID : A21E47A5AB47149AEAC9

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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)		PAGE 7 OF 54	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
BOUCHARD, JAMES, L., ,

Mailing Address PO BOX 1498

City COMMERCE	State GA	Zip Code 30529-0029
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FEC ID number of contributing federal political committee.

Name of Employer BOUCHARD FARMS	Occupation OWNER
------------------------------------	---------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A7098E9C100F64A15811**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BOUCHARD, JAMES, L., ,

Mailing Address PO BOX 1498

City COMMERCE	State GA	Zip Code 30529-0029
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FEC ID number of contributing federal political committee.

Name of Employer BOUCHARD FARMS	Occupation OWNER
------------------------------------	---------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A44003711771E402A8FE**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
BOWER, CAROLINE, , ,

Mailing Address 5555 RIVERWALK CT

City GAINESVILLE	State GA	Zip Code 30506-2987
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FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation HOMEMAKER
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AE659EE470FA74589BC9**

Amount of Each Receipt this Period

Memo Item

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 54  
(check only one)  
 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)  
BOWER, TOM, L., ,

Mailing Address 5555 RIVERWALK CT

City Gainesville State GA Zip Code 30506-2987

FEC ID number of contributing federal political committee. C

Name of Employer CLIPPER PETROLEUM INC Occupation PETROLEUM MARKETER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A33147B8509A7464C933

Amount of Each Receipt this Period  
3500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BOWER, TOM, L., ,

Mailing Address 5555 RIVERWALK CT

City Gainesville State GA Zip Code 30506-2987

FEC ID number of contributing federal political committee. C

Name of Employer CLIPPER PETROLEUM INC Occupation PETROLEUM MARKETER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : AE930885D9E0442528D6

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
BROPHY, CARLEEN, E., ,

Mailing Address PO BOX 1185

City JACKSON State WY Zip Code 83001-1185

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2025

Transaction ID : AA665F36392194395AD1

Amount of Each Receipt this Period  
3500.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**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: PAGE 9 OF 54  
(check only one)  
 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)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : **A8F8CA72755A84572BB6**

Amount of Each Receipt this Period  
3500.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
BROPHY, DANIEL, F, ,

Mailing Address PO BOX 1185

City JACKSON State WY Zip Code 83001-1185

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2025

Transaction ID : **A17D8ADF49CD345629EB**

Amount of Each Receipt this Period  
3500.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : **A62858A49FD364299B6A**

Amount of Each Receipt this Period  
3500.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

3500.00

# 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)		PAGE 10 OF 54	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
BROWN, CAREY, , ,

Mailing Address 4050 STRATTON LN

City OOLTEWAH	State TN	Zip Code 37363-8517
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FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED	Occupation ENTREPRENEUR
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AB6C639FD22124226843**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BROWN, LISA, , ,

Mailing Address 1761 AMPHORA DR

City HOSCHTON	State GA	Zip Code 30548-8305
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FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AB6F391CC6436415EB6D**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CHAPMAN, PRESTON, LEE, ,

Mailing Address PO BOX 124

City TALMO	State GA	Zip Code 30575-0124
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FEC ID number of contributing federal political committee.

Name of Employer JACKSON EMC	Occupation VICE PRESIDENT
---------------------------------	------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A0BD06F163A0046BFB1E**

Amount of Each Receipt this Period

Memo Item

**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: PAGE 11 OF 54  
(check only one)  
 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)  
CHASE, CHARLES, C, , III

Mailing Address 764 HANCOCK BRIDGE RD

City WINDER State GA Zip Code 30680-3109

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BAIL BONDSMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 03 / 2025

Transaction ID : A5D3A90ECC81242CCBA3

Amount of Each Receipt this Period  
3500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
CHASE, KRISTY, , ,

Mailing Address 137 W MAY ST

City WINDER State GA Zip Code 30680-2068

FEC ID number of contributing federal political committee. C

Name of Employer ALL-AMERICAN BAIL BONDS Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2025

Transaction ID : ABDFAFAF30EBC4724908

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CLARK, MITCHELL, , ,

Mailing Address 7262 JACKSON TRAIL RD

City HOSCHTON State GA Zip Code 30548-2710

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation VENDING

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A725192E5B72A4CDDBC7

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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: PAGE 12 OF 54  
(check only one)  
 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)  
CLEVELAND, DAVID, B., ,

Mailing Address 116 HIDDEN TRL

City PENDERGRASS State GA Zip Code 30567-2955

FEC ID number of contributing federal political committee.

Name of Employer JACKSON EMC Occupation BUSINESS DEVELOPMENT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : ABC332548AEC14F1FA78

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
CLEVELAND, JOHN, , ,

Mailing Address PO BOX 2958

City GAINESVILLE State GA Zip Code 30503-2958

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2025

Transaction ID : A7DF8D8BBD4EC4213AAB

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
COBB, MARSHALL, EUGENE, ,

Mailing Address 636 BRADFORD ST SW

City GAINESVILLE State GA Zip Code 30501-4452

FEC ID number of contributing federal political committee.

Name of Employer COBB INVESTMENTS, LLP Occupation INVESTOR

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : A56D0BD745C504A1093F

Amount of Each Receipt this Period

Memo Item

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 54  
(check only one)  
 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)  
COLWELL, CURTIS, , ,

Mailing Address 741 CALDWELL RD

City: BLAIRSVILLE State: GA Zip Code: 30512-1928

FEC ID number of contributing federal political committee: C

Name of Employer: COLWELL CONSTRUCTION Occupation: OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt: 06 / 19 / 2025

Transaction ID : A4A3824F7508C4BB3AE2

Amount of Each Receipt this Period: 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
DUNSTAN, ALLEN, S, ,

Mailing Address 17426 ALEXANDER RUN

City: JUPITER State: FL Zip Code: 33478-5100

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt: 05 / 15 / 2025

Transaction ID : A4D17DAF8E1D54032B26

Amount of Each Receipt this Period: 250.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City: WASHINGTON State: DC Zip Code: 20090

FEC ID number of contributing federal political committee: C C00552851

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt: 05 / 21 / 2025

Transaction ID : ABC3540F3051D4F50B26

Amount of Each Receipt this Period: 250.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

1250.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 54  
(check only one)  
 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)  
EBBERT, STEVE, , ,

Mailing Address 1551 JENNINGS MILL RD  
UNIT 1400A

City WATKINSVILLE State GA Zip Code 30677-7236

FEC ID number of contributing federal political committee. C

Name of Employer EBBERT LAND AND INVESTMENTS Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : A3D76ADBC3661425CB12

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
FAISON, JAY, , ,

Mailing Address 2120 STONEBRIDGE LN

City CHARLOTTE State NC Zip Code 28211-1718

FEC ID number of contributing federal political committee. C

Name of Employer CLEARPATH Occupation CHAIRMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2025

Transaction ID : AA68C4BF3312A4406843

Amount of Each Receipt this Period  
3500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
FARRELL, PETER, C, ,

Mailing Address 939 COAST BLVD  
UNIT 9E

City LA JOLLA State CA Zip Code 92037-4118

FEC ID number of contributing federal political committee. C

Name of Employer RESMED, INC. Occupation FOUNDER /BOARD

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : A61232452209040C482C

Amount of Each Receipt this Period  
500.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

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

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

5000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)  
 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)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : A0524ACF418364C36AC3

Amount of Each Receipt this Period  
500.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
FITZ, THOMAS, E, ,

Mailing Address 1091 TWO OAKS DR

City ATHENS State GA Zip Code 30606-5734

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : A57C881D43EA242D9916

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
FRED STREET PROPERTIES, LLC

Mailing Address PO BOX 167

City ATHENS State GA Zip Code 30603-0167

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : A331B76E5AA7F4683A95

Amount of Each Receipt this Period  
2000.00

Memo Item  
REFUNDED 6-2

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

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

2500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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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)  
GINN, FRANK, , ,

Mailing Address 5407 WILDCAT BRIDGE RD

City ROYSTON State GA Zip Code 30662-8082

FEC ID number of contributing federal political committee. C

Name of Employer STATE OF GEORGIA Occupation STATE SENATOR

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A328A66D5C4B647EF9E1

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HALE, BILLY, E., ,

Mailing Address 11823 WILCREST DR

City HOUSTON State TX Zip Code 77031-1919

FEC ID number of contributing federal political committee. C

Name of Employer RUBE HOLDINGS, LTD Occupation INVESTMENT BUILDER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2025

Transaction ID : A5D70B9660F6B45B2B4D

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. C C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2025

Transaction ID : A6CC4EC56D79443C6ABF

Amount of Each Receipt this Period  
1000.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 17 OF 54  
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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)  
HARRISON, CAROL, J., ,

Mailing Address 1480 BRADLEY GIN RD

City MONROE State GA Zip Code 30656-4434

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

Name of Employer PUREFUN, INC. Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : **AEDC7C2F4D16C4060A13**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HARTIG, BEVERLY, K., ,

Mailing Address 19051 WINDING WAY

City FORT MYERS State FL Zip Code 33908-2979

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : **A61865A34837F44D9B2A**

Amount of Each Receipt this Period  
1250.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE  
FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : **ABCC71189077B4650ACE**

Amount of Each Receipt this Period  
1250.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2250.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 OF 54  
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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)  
HULSEY, JOHN, B., , JR.

Mailing Address 3230 DUNLAP DR

City GAINESVILLE State GA Zip Code 30506-1648

FEC ID number of contributing federal political committee. C

Name of Employer HULSEY FARM SERVICES LLC Occupation CONSULTANT FARM OPERATIONS

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2025

Transaction ID : AFC68C4D27735494986E

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
JAKINS, ERNEST, A., , III

Mailing Address 155 N HIGHWAY 113

City CARROLLTON State GA Zip Code 30117-7501

FEC ID number of contributing federal political committee. C

Name of Employer JACKSON EMC Occupation CEO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A89B4AB6389CF43368EF

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
LEACH, HOWARD, H., , JR.

Mailing Address 11 BEECH DR

City MORRIS PLAINS State NJ Zip Code 07950-2401

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : A3C97832B2FFB43D3AB8

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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 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)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2025

**Transaction ID : A679365355C2446989D7**

Amount of Each Receipt this Period  
1000.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**B.** Full Name (Last, First, Middle Initial)  
MARR, MICHAEL, , ,

Mailing Address 4631 POWERS FERRY RD

City ATLANTA State GA Zip Code 30327-3426

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

Name of Employer Occupation  
MARR LAW FIRM ATTORNEY

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2025

**Transaction ID : A5671BF49B25343258FE**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
MCCALL, JOHN, W., ,

Mailing Address PO BOX 5112

City ATHENS State GA Zip Code 30604-5112

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

Name of Employer Occupation  
TRS CSO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

**Transaction ID : ADABDE64D0FEF4C05823**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 20 OF 54  
(check only one)  
 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)  
MIDDLEBROOKS, STEVE, , ,

Mailing Address 274 MOSS SIDE DR

City Athens State GA Zip Code 30607-2109

FEC ID number of contributing federal political committee. C

Name of Employer HEYWARD ALLEN TOYOTA Occupation AUTOMOBILE DEALER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 2000.00

Date of Receipt 06 / 26 / 2025

Transaction ID : A36F424D3FC914E4791E

Amount of Each Receipt this Period 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
MISTER U ENTERPRISES LLC

Mailing Address 2405 W BROAD ST  
SUITE 150

City Athens State GA Zip Code 30606-8020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 1000.00

Date of Receipt 06 / 30 / 2025

Transaction ID : AA8D90EEB1E8B4820AF7

Amount of Each Receipt this Period 1000.00

Memo Item

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS

**C.** Full Name (Last, First, Middle Initial)  
UPCHURCH, CHARLIE, , ,

Mailing Address PO BOX 1824

City Athens State GA Zip Code 30603-1824

FEC ID number of contributing federal political committee. C

Name of Employer COLDWELL BANKER-UPCHURCH REALTY Occupation REALTOR

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 1000.00

Date of Receipt 06 / 30 / 2025

Transaction ID : ACDA834D08C964F139F1

Amount of Each Receipt this Period 1000.00

Memo Item

PARTNER ALLOCATION FOR MISTER U ENTERPRISES LLC  
PARTNERSHIP: MISTER U ENTERPRISES LLC

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

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

2000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 54  
(check only one)  
 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)  
MOORMAN, FRED, , ,

Mailing Address 220 COLLEGE AVE

City: ATHENS State: GA Zip Code: 30601-2714

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt: 06 / 05 / 2025

Transaction ID : AC1DF6F8F02154B00B87

Amount of Each Receipt this Period: 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
MORGAN, WILLIAM, , ,

Mailing Address 3110 DEL RIO PIKE

City: FRANKLIN State: TN Zip Code: 37069-8712

FEC ID number of contributing federal political committee: C

Name of Employer: JOHN BOUCHARD & SONS CO. Occupation: MANAGEMENT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt: 05 / 16 / 2025

Transaction ID : AF642373EB9794C11A45

Amount of Each Receipt this Period: 1000.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City: WASHINGTON State: DC Zip Code: 20090

FEC ID number of contributing federal political committee: C C00552851

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt: 05 / 21 / 2025

Transaction ID : A61251FB32F914B95B8C

Amount of Each Receipt this Period: 1000.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3000.00

**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: PAGE 22 OF 54  
(check only one)  
 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)  
OMEGA HOMES OF GEORGIA LLC

Mailing Address PO BOX 790

City HOSCHTON State GA Zip Code 30548-0790

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A88F5797D5DC0452D85E

Amount of Each Receipt this Period

Memo Item

PENDING VERIFICATION AS FEDERALLY PERMISSIBLE FINDS

**B.** Full Name (Last, First, Middle Initial)  
PANOS, CINDY, , ,

Mailing Address 5380 WEBB PKWY NW

City LILBURN State GA Zip Code 30047-5943

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2025

Transaction ID : A7EC2EED9473D4B86841

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
PERRY, DALE, , ,

Mailing Address 604 GREEN ST NE

City GAINESVILLE State GA Zip Code 30501-3316

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A9F624509E8AB49F9A61

Amount of Each Receipt this Period

Memo Item

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 54  
(check only one)  
 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)  
PICKERING, LARRY, G, ,

Mailing Address 26130 MANDEVILLA DR

City BONITA SPGS State FL Zip Code 34134-1629

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : A793FB3C16CAD47FCA2D

Amount of Each Receipt this Period  
250.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**B.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. C C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : A93D2518400024F5E92F

Amount of Each Receipt this Period  
250.00

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
POWER, MIKE, , ,

Mailing Address 1821 CRYSTAL HILLS DR

City ATHENS State GA Zip Code 30606-5344

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
POWER CONSTRUCTION COMPANY OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2025

Transaction ID : A79AD4D5526E8430A9A7

Amount of Each Receipt this Period  
3500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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: PAGE 24 OF 54  
(check only one)  
 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)  
PUFF, ROBERT, C, , JR.

Mailing Address 321 PALMETTO PT

City: VERO BEACH State: FL Zip Code: 32963-3356

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 30 / 2025

Transaction ID : AA3F76D3093B641EC9E1

Amount of Each Receipt this Period: 250.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**B.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City: WASHINGTON State: DC Zip Code: 20090

FEC ID number of contributing federal political committee: C C00552851

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 35118.50

Date of Receipt: 06 / 04 / 2025

Transaction ID : A33DABBF2EF55465DB80

Amount of Each Receipt this Period: 250.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
REECE, VERLIN, , ,

Mailing Address 224 LAKE VISTA LN

City: COMMERCE State: GA Zip Code: 30529-4230

FEC ID number of contributing federal political committee: C

Name of Employer: PRESIDENT Occupation: QUALITY FOODS, INC

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2025

Transaction ID : A2EEA22B8AD934840B62

Amount of Each Receipt this Period: 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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)		PAGE 25 OF 54	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)  
**RESTROOM STALLS & ALL LLC**

Mailing Address 2258 HARDWOOD CIR

City GAINESVILLE	State GA	Zip Code 30507-6418
---------------------	-------------	------------------------

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

Name of Employer	Occupation

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2025

**Transaction ID : A02C06D7A49C748C6A20**

Amount of Each Receipt this Period

Memo Item  
 PENDING VERIFICATION AS FEDERALLY PERMISSIRI F I INDS

**B.** Full Name (Last, First, Middle Initial)  
**SCHWEMMER, LYNDA, , ,**

Mailing Address 6062 SHALLOWS WAY

City NAPLES	State FL	Zip Code 34109-0761
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2025

**Transaction ID : AC0E8ECF132174B829CC**

Amount of Each Receipt this Period

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
**HOUSE FREEDOM FUND**

Mailing Address PO BOX 96006

City WASHINGTON	State DC	Zip Code 20090
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer	Occupation

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2025

**Transaction ID : A19C56B9822C74873B43**

Amount of Each Receipt this Period

Memo Item  
 INTERMEDIARY  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value="750.00"/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 54  
(check only one)  
 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)  
SMITH, LYNNE, P., ,

Mailing Address PO BOX 61

City MURRAYVILLE State GA Zip Code 30564-0061

FEC ID number of contributing federal political committee. C

Name of Employer 1406 CONSULTING Occupation VP COMMUNICATIONS

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A496FE7BD247243198AD

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
STOWE, ROY, A., ,

Mailing Address 76 BRITTANY CT

City JEFFERSON State GA Zip Code 30549-1094

FEC ID number of contributing federal political committee. C

Name of Employer JACKSON EMC Occupation COO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A3A70BBB5A2964CCEB60

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
STRICKLAND, ROB, , ,

Mailing Address 6289 WILBURN REED RD

City GAINESVILLE State GA Zip Code 30506-2753

FEC ID number of contributing federal political committee. C

Name of Employer STRICKLAND & SONS PIPELINE Occupation PRESIDENT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : AD4ABD23D3EF243A5BB5

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

**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)		PAGE 27 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
SYFAN, JIM, , ,

Mailing Address 4014 SUMMERHILL DR

City GAINESVILLE	State GA	Zip Code 30506-7118
---------------------	-------------	------------------------

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

Name of Employer SYFAN LOGISTICS	Occupation OWNER
-------------------------------------	---------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

**Transaction ID : A0EBA1A1D2B51469F8FA**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
TRENTO, ROBERT, , ,

Mailing Address 14325 MANCHESTER DR

City NAPLES	State FL	Zip Code 34114-8627
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2025

**Transaction ID : A4B2A906251F640B5A4A**

Amount of Each Receipt this Period  
1000.00

Memo Item

EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**C.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON	State DC	Zip Code 20090
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FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2025

**Transaction ID : AF86D961D27E3423CB2B**

Amount of Each Receipt this Period  
1000.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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: PAGE 28 OF 54  
(check only one)  
 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)  
TRENTO, ROBERT, , ,

Mailing Address 14325 MANCHESTER DR

City NAPLES State FL Zip Code 34114-8627

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 24 2025

Transaction ID : AEF3B344C4624C02A81

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH HOUSE FREEDOM FUND

**B.** Full Name (Last, First, Middle Initial)  
HOUSE FREEDOM FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090

FEC ID number of contributing federal political committee. C C00552851

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 35118.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 02 2025

Transaction ID : AB481514ECAC24ADCB27

Amount of Each Receipt this Period  
1000.00

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
TURNER, PHILLIP, K., ,

Mailing Address 3742 BEAVER CREEK RD

City GAINESVILLE State GA Zip Code 30506-3656

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
MAR-JAC POULTRY COMPLEX MANAGER - GA DIVISION

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 30 2025

Transaction ID : A68FC9B5B030B43C8A4D

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

**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: PAGE 29 OF 54  
(check only one)  
 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)  
WALLACE, JAY, , ,

Mailing Address 3660 RIVERS CALL BLVD

City ATLANTA	State GA	Zip Code 30339-8501
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer WALLACE & WALLACE INC.	Occupation SELF EMPLOYED
--	-----------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : A16CC01EF05764182895

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
WEEKS, KELLIE, , ,

Mailing Address 130 JOHN MORROW JR PKWY

City GAINESVILLE	State GA	Zip Code 30501
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer GEORGIA GUN STORE	Occupation STORE OWNER
---------------------------------------	---------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : A980F9521B8C647BFA4A

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="76500.00"/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 54  
(check only one)  
 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)  
**GEORGIA OILMEN'S ASSOCIATION INC PAC (GOAPAC)**

Mailing Address 1775 SPECTRUM DR  
STE 100

City LAWRENCEVILLE State GA Zip Code 30043-7861

FEC ID number of contributing federal political committee. **C** C00319194

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : A15E1A063B3694BD78F1

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MAINTAINING ALL REPUBLICANS IN OFFICE PAC**

Mailing Address 8724 SW 72ND ST  
# 421

City MIAMI State FL Zip Code 33173-3512

FEC ID number of contributing federal political committee. **C** C00565630

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : AE106F992796649EAA16

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)**

Mailing Address 400 N CAPITOL ST NW  
STE 475

City WASHINGTON State DC Zip Code 20001-1593

FEC ID number of contributing federal political committee. **C** C00480863

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : AD58C97FDAC3248F89D7

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3000.00

**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: PAGE 31 OF 54  
(check only one)  
 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)  
RAZOR PAC

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757-0508

FEC ID number of contributing federal political committee. **C** C00493361

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : A6B5B5D8CD3D84421933

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 824 S MILLEDGE AVE, STE 101

City ATHENS State GA Zip Code 30605

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : A9FBD89DDACD54492A1C

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
SPACE EXPLORATION TECHNOLOGIES CORP. PAC

Mailing Address 1155 F ST NW  
STE 475

City WASHINGTON State DC Zip Code 20004-1343

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2025

Transaction ID : A335E9E0CCF2E412EAB5

Amount of Each Receipt this Period  
5000.00

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)		PAGE 32 OF 54	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
THE HOME DEPOT INC. PAC

Mailing Address 1155 F ST NW  
STE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : AAF5D73A91E014A0E983

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16500.00



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
**A. 9TH DISTRICT CONGRESSIONAL COMMITTEE**

Mailing Address 130 NORTHRIDGE DR

City DEMOREST State GA Zip Code 30535-5138

Purpose of Disbursement  
EVENT TICKETS  001

Candidate Name  
9TH DISTRICT CONGRESSIONAL COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 07 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
1750.00

Transaction ID : BC4D306919F8B4079829

Memo Item

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

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
CC TRANSACTION FEE  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  
04 / 03 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
140.30

Transaction ID : B128E287288F448FE964

Memo Item

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

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
CC TRANSACTION FEE  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  
04 / 14 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
20.30

Transaction ID : BF05BA9486DC54AFC9D5

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1910.60

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.30

Transaction ID : BDC0BA23A536B4FAE8CB

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 240.60

Transaction ID : B8CAAFF6DCA7442CAA41

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.10

Transaction ID : B6E0B2BC12A7C4B08A83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 282.00

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.30

Transaction ID : BCD2DDA07CA374D6BBB0

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.30

Transaction ID : B65E98E49D42A414CB21

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 80.60

Transaction ID : B5A4EEA447C6441E1BB8

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 161.20

**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 Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 23 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 245.20

Transaction ID : B9843AF4B3B744EE9A25

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 30 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 144.60

Transaction ID : B4F467F6069484EE1814

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 30 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 161.20

Transaction ID : B331182F978774044977

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 551.00

**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 Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement MEETING EXPENSE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 21 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 84.50

Transaction ID : BA546A5467548422A9EE

Memo Item

Full Name (Last, First, Middle Initial)  
**B. J. RUSSELL & ASSOC., LLC, D/B/A WAR ROOM STRATEGIES**

Mailing Address 3651 MARS HILL RD STE 1200

City WATKINSVILLE State GA Zip Code 30677-5985

Purpose of Disbursement STRATEGY CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 34644.52

Transaction ID : BBE40A70F42A54600BBE

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WINRED TECHNICAL SERVICES**

Mailing Address 1776 WILSON BLVD STE 520

City ARLINGTON State VA Zip Code 22209-2517

Purpose of Disbursement CC TRANSACTION FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3.94

Transaction ID : B25EBD47CB0264568921

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 34732.96

**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 Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address 1776 WILSON BLVD  
STE 520

City ARLINGTON State VA Zip Code 22209-2517

Purpose of Disbursement CC TRANSACTION FEE  Category/Type

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  
05 / 26 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B3C84A3B02372440F915

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

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:

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

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:

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="5.91"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="37643.67"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 54	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CLYDE FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. FRED STREET PROPERTIES, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2025
Mailing Address PO BOX 167			FEC Identification Number C
City ATHENS	State GA	Zip Code 30603-0167	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : B6524CFBADA204AE79C3
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			FEC Identification Number C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			FEC Identification Number C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C9CE5C4A9B7D944C1B26**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
CLYDE, ANDREW, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 888			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
JEFFERSON	GA	30549-0888	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 19 / 2022	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C138834BA9CAE4CE0B4B**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17500.00	0.00	17500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 23 / 2024	M M / D D / Y Y Y Y NONE	5.50 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	17500.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : C292D15D6EDBE4595AE2

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>PRIMARY RUNOFF</b>
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
220000.00	108016.95	111983.05

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	111983.05
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C7EC230745E034C5FB89**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 02 / 2021	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	60000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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**

NAME OF COMMITTEE (In Full) Transaction ID : CCB914824931D4AFE9DC  
 CLYDE FOR CONGRESS INC

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		Election: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		
City JEFFERSON	State GA	ZIP Code 30549-0888
		<input checked="" type="checkbox"/> 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
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<b>TERMS</b>	Date Incurred M M / D D / Y Y Y Y 08 / 13 / 2020	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="120000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full) **Transaction ID : CE5F45089576A46F7A7C**  
**CLYDE FOR CONGRESS INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
CLYDE, ANDREW, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 888		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City JEFFERSON	State GA	ZIP Code 30549-0888
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 20 / 2023	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : C661AE72425904782AAC**  
**CLYDE FOR CONGRESS INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2020
CLYDE, ANDREW, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 888		<input type="checkbox"/> General
City JEFFERSON		<input type="checkbox"/> Other (specify) ▼
State GA	ZIP Code 30549-0888	<input checked="" type="checkbox"/> 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
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 03 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	28972.28
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C9046CEB11C3048E393D**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 26 / 2024	M M / D D / Y Y Y Y NONE	5.50 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C863C2DF5924D4CD69BE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		
City JEFFERSON	State GA	ZIP Code 30549-0888 <input checked="" type="checkbox"/> 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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 06 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	75000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C5DB7069EC0354694A86**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		
City JEFFERSON	State GA	ZIP Code 30549-0888 <input checked="" type="checkbox"/> 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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 25 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	80000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **CC43935E7CC194CF1900**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		Election: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
380000.00	128591.69	251408.31

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 27 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	251408.31
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **CE6F20517707B4749B2D**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 22 / 2020	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	90000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C34182F13FF5947F3819**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2020
CLYDE, ANDREW, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 888			<input type="checkbox"/> General
City JEFFERSON		State GA	<input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY RUNOFF
ZIP Code 30549-0888		<input checked="" type="checkbox"/> 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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 18 / 2020	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	110000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C99A4F6D03EF2418F9F0**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2020
CLYDE, ANDREW, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO BOX 888			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
JEFFERSON	GA	30549-0888	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
135000.00	0.00	135000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	05 / 07 / 2020	NONE		

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	135000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **CLYDE FOR CONGRESS INC** Transaction ID : **C76E8215606E84791BAD**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>CLYDE, ANDREW, , ,</b>		Election: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY RUNOFF
Mailing Address PO BOX 888		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City JEFFERSON	State GA	
ZIP Code 30549-0888		

Original Amount of Loan 175000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 175000.00
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<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 07 / 28 / 2020	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	175000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	1308863.64

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