

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.
CLYDE FOR CONGRESS INC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
STATE ▼ DISTRICT

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 / 01 / 2025 through 12 / 31 / 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 01 / 13 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	109032.19	459671.66
(b) Total Contribution Refunds (from Line 20(d))	6050.00	10100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	102982.19	449571.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	54534.73	234708.21
(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))	54534.73	234708.21
8. Cash on Hand at Close of Reporting Period (from Line 27)	301120.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1308863.64	

For further information, contact the Federal Election Commission at 800-424-9530 or visit 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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	82570.00	364690.00
(ii) Unitemized.....	12462.19	34270.69
(iii) TOTAL of contributions from individuals ▶	95032.19	398960.69
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14000.00	60710.97
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	109032.19	459671.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	109032.19	459671.66

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.....	54534.73	234708.21
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	6050.00	12100.00
(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)).....	6050.00	10100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	60584.73	244808.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	252673.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109032.19
25. SUBTOTAL (add Line 23 and Line 24).....	361705.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60584.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	301120.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 55
(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)
ADDISON ENERGY TECHNOLOGIES, LLC

Mailing Address 45 CANNON RD

City TOCCOA	State GA	Zip Code 30577-7226
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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
 / /

Transaction ID : **AB725A2460DA249A0A58**

Amount of Each Receipt this Period

Memo Item
REFUNDED 11-13

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

Mailing Address 280 FOXY LN

City MARTIN	State GA	Zip Code 30557
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FEC ID number of contributing federal political committee.

Name of Employer ADDISON ENERGY TECHNOLOGIES, LLC	Occupation MANAGER
--	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : **A50547F4DCE044B14BB6**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 102 TOWN SQ

City BLAIRSVILLE	State GA	Zip Code 30512-8553
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FEC ID number of contributing federal political committee.

Name of Employer BROWN HAVEN HOMES	Occupation PRESIDENT/OWNER
---------------------------------------	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : **AB6DF3DA187A04B38930**

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 55
(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)
B.J. REECE ORCHARDS, LLC

Mailing Address 9131 HIGHWAY 52 E

City ELLIJAY State GA Zip Code 30536-8052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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
10 / 22 / 2025

Transaction ID : A2FAAB87F7E46433FA29

Amount of Each Receipt this Period
500.00

Memo Item
REFUNDED 11-22

B. Full Name (Last, First, Middle Initial)
BLACK, C. LAMAR, , ,

Mailing Address PO BOX 222

City CLEVELAND State GA Zip Code 30528-0004

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
12 / 01 / 2025

Transaction ID : AD22C85D673BB49C2BB0

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 708 TRIBAL TRL

City WOODSTOCK State GA Zip Code 30188-3148

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AB3F6D8AB6C85410C866

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 55	
<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)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12797.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : **A936125482BCF40E2AF7**

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BROWN, W. SAMMY, , ,

Mailing Address PO BOX 879

City AUBURN State GA Zip Code 30011-0879

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 ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2025

Transaction ID : **AFB7F51F323244BA5BDB**

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CANNON, KEVIN, S., ,

Mailing Address PO BOX 1641

City TITUSVILLE State FL Zip Code 32781-1641

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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : **A5DEECE6E8D85452AA6E**

Amount of Each Receipt this Period
3000.00

Memo Item

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

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

4500.00

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 8 OF 55	
<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)
CHASE, CHARLES, C, , III

Mailing Address 764 HANCOCK BRIDGE RD

City WINDER	State GA	Zip Code 30680-3109
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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 ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AA2B25316B44D45D5B8F

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 170 OAKWELL FARMS PKWY

City SAN ANTONIO	State TX	Zip Code 78218-1788
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2025

Transaction ID : A94913AB5DDEA4743941

Amount of Each Receipt this Period
35.00

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 ▼
48110.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : A8470BED9E76D4E5FA47

Amount of Each Receipt this Period
35.00

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....▶	2035.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 55
(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)
CLYDE, WILLIAM, , ,

Mailing Address 170 OAKWELL FARMS PKWY

City SAN ANTONIO State TX Zip Code 78218-1788

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 ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2025

Transaction ID : **AC7533F20928746B588D**

Amount of Each Receipt this Period
35.00

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 NONE Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
48110.76

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2025

Transaction ID : **A652DDAE238EC4EDB875**

Amount of Each Receipt this Period
35.00

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

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

Mailing Address 230 CLINT RD

City LITTLETON State NC Zip Code 27850-9352

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 12 / 2025

Transaction ID : **AFA12C2FC3AD34CC7B56**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 535.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 55
(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)
COSTA, JOSEPH, , JR.

Mailing Address 180 OAKBEND CT

City ATHENS State GA Zip Code 30606-3265

FEC ID number of contributing federal political committee. C

Name of Employer JOE COSTA & ASSOCIATES, INC. Occupation FOUNDER

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
10 / 22 / 2025

Transaction ID : ACB0CEB73A6B942DB996

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1688 LAKEVIEW DR
APT 1E

City YOUNG HARRIS State GA Zip Code 30582-2084

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation DUKE RIDGES MARINA, LLC

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
11 / 12 / 2025

Transaction ID : AEDAD849F34184FE5A85

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 5027 VISTA MONTANA WAY

City NORTH LAS VEGAS State NV Zip Code 89031-3315

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
12 / 01 / 2025

Transaction ID : AA5701AB0DE6F43E88AA

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 55
(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)
FARMER, RONALD, WESLEY, ,

Mailing Address 930 DREWRY ST NE

City ATLANTA State GA Zip Code 30306-3800

FEC ID number of contributing federal political committee. C

Name of Employer AQUILINE CAPITAL PARTNERS Occupation SENIOR ADVISOR

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
11 / 12 / 2025

Transaction ID : AE918A3E9E5CE476C9F8

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 140 SHELBY LN

City JASPER State GA Zip Code 30143-6213

FEC ID number of contributing federal political committee. C

Name of Employer APPALACHIAN GUN & PAWN INC. Occupation 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
10 / 11 / 2025

Transaction ID : AD0699D0B1EDC4F7DADF

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 46 RICH LN

City BRISTOL State CT Zip Code 06010-4430

FEC ID number of contributing federal political committee. C

Name of Employer CSMC Occupation SALESMAN

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
10 / 22 / 2025

Transaction ID : AA2F20DD3202B4880A81

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 55
(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)
HALL, BRIAN, , ,

Mailing Address 1500 ELDER RD

City BISHOP	State GA	Zip Code 30621-1214
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FEC ID number of contributing federal political committee. **C**

Name of Employer HALL DENTAL	Occupation DENTIST
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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
11 / 10 / 2025

Transaction ID : AB9B8182CF7594FF98CC

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HEWETT, BENNIE, E., ,

Mailing Address PO BOX 2416

City GAINESVILLE	State GA	Zip Code 30503-2416
---------------------	-------------	------------------------

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

Name of Employer HEWETT MANAGEMENT, INC.	Occupation 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
11 / 06 / 2025

Transaction ID : A0A89A2DD9D5644C9A97

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 24 QUADRA CT

City CHICO	State CA	Zip Code 95928-9645
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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
10 / 30 / 2025

Transaction ID : A58FF2A37A6C34B42A26

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4025.00
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 13 OF 55
(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)
JACK, CAROL, C., ,

Mailing Address 24 QUADRA CT

City CHICO State CA Zip Code 95928-9645

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
10 30 2025

Transaction ID : A73931C544AC0433BB24

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JACK, CAROL, C., ,

Mailing Address 24 QUADRA CT

City CHICO State CA Zip Code 95928-9645

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 30 2025

Transaction ID : A15D6334D9C2445F6853

Amount of Each Receipt this Period
25.00

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 ▼
48110.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 02 2025

Transaction ID : AE0AB362EAFB245D4867

Amount of Each Receipt this Period
25.00

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)..... ▶

50.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 55
(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)
JACK, CAROL, C., ,

Mailing Address 24 QUADRA CT

City CHICO State CA Zip Code 95928-9645

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 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 30 2025

Transaction ID : AD6ADEC3959804AB8BD1

Amount of Each Receipt this Period
25.00

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 NONE Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 48110.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 02 2025

Transaction ID : A3966EC4DE9034C83A7E

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 24 QUADRA CT

City CHICO State CA Zip Code 95928-9645

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 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2025

Transaction ID : AFECB9EDCD79D445CB73

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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 15 OF 55
(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 ▼
48110.76

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : A15AAC580E90E4690AF5

Amount of Each Receipt this Period
25.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
JACK, CAROL, C., ,

Mailing Address 24 QUADRA CT

City CHICO State CA Zip Code 95928-9645

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 ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 30 2025

Transaction ID : ABE8EDFD3B86641BBA1C

Amount of Each Receipt this Period
25.00

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 ▼
48110.76

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : AB91205736EB64364A07

Amount of Each Receipt this Period
25.00

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)..... ▶

25.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 55
(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)
JONES, DAVID, M, ,

Mailing Address PO BOX 921

City FORTSON State GA Zip Code 31808-0921

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
11 / 08 / 2025

Transaction ID : A388CF5E3FB1041C5936

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KING, FARON, W., ,

Mailing Address 42 HIGHLAND RDG W

City BLAIRSVILLE State GA Zip Code 30512-6306

FEC ID number of contributing federal political committee. C

Name of Employer COLDWELL BANKER-HIGH COUNTRY REALT Occupation OWNER/BROKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A57125B640BE04112BB4

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KINGSTON, JOHN, H., ,

Mailing Address 6032 GROVE DR

City ALEXANDRIA State VA Zip Code 22307-1139

FEC ID number of contributing federal political committee. C

Name of Employer SQUIRE PATTON BOGGS Occupation PRINCIPAL

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
12 / 31 / 2025

Transaction ID : A22B00F834A5342BFBB3

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 17 OF 55
(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)
LEE, ALLAN, , ,

Mailing Address 260 LOFTIS MOUNTAIN WAY

City: BLAIRSVILLE State: GA Zip Code: 30512-8700

FEC ID number of contributing federal political committee: C

Name of Employer: BENCHMARK PHYSICAL THERAPY Occupation: REGIONAL DIRECTOR

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
11 / 12 / 2025

Transaction ID : A0F226B30495A4D37917

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2234 E CROSBY RD

City: CARROLLTON State: TX Zip Code: 75006-7744

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A3A9B5337ABC34256826

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MCINTYRE, ANGELA, F., ,

Mailing Address 145 LYNDA LN

City: CLEVELAND State: GA Zip Code: 30528-3221

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
10 / 13 / 2025

Transaction ID : A8E2624BB4D7D478BA38

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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 18 OF 55
(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)
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 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : AF1D03F6190F5489BBC4

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 48110.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : A9E74C2A1A1004244AB1

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)
NELSON, WILLIAM, , ,

Mailing Address 166 ORCHARD VW

City BLAIRSVILLE State GA Zip Code 30512-2821

FEC ID number of contributing federal political committee. C

Name of Employer NELSON TRACTOR CO Occupation BUSINESS 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
11 10 2025

Transaction ID : AF1D7E9CF09264E71AE9

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: (check only one)		PAGE 19 OF 55	
<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)
PHILLIPS, DWAYNE, , ,

Mailing Address 119 WILDWOOD CREEK DR

City HIAWASSEE	State GA	Zip Code 30546-3082
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer LAKE CHATUGE MARINE	Occupation PRESIDENT
---	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A887AE649ECA049EBA69

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
PIERSON, WILLIAM, J. , ,

Mailing Address PO BOX 809

City HIAWASSEE	State GA	Zip Code 30546-0809
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer REMAX	Occupation REALTOR
---------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : ACBE74DB849F940F7BCB

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 160 S FALCON BLF

City ALPHARETTA	State GA	Zip Code 30022-5923
--------------------	-------------	------------------------

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
 / /

Transaction ID : A6808CA9B88E743B9B7C

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 20 OF 55
(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)
SAULSBURY, AMELIA, DIANNE, ,

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

FEC ID number of contributing federal political committee. C

Name of Employer SAULSBURY INDUSTRIES Occupation BOARD MEMBER

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
10 / 27 / 2025

Transaction ID : AB3C183D044614851A86

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SAULSBURY, CHARLES, R, , JR

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

FEC ID number of contributing federal political committee. C

Name of Employer SAULSBURY INDUSTRIES Occupation PRESIDENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : A39C8E853D08046ECA9E

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SAULSBURY, CHARLES, R, , JR

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

FEC ID number of contributing federal political committee. C

Name of Employer SAULSBURY INDUSTRIES Occupation PRESIDENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : A6D46821F3431402C86A

Amount of Each Receipt this Period
3500.00

Memo Item

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

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

10500.00

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 21 OF 55	
<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)
SAULSBURY, JILL, A, ,

Mailing Address PO BOX 12770

City ODESSA	State TX	Zip Code 79768-2770
----------------	-------------	------------------------

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
 10 / 27 / 2025

Transaction ID : A824B3FCD7BD74237B04

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address PO BOX 12770

City ODESSA	State TX	Zip Code 79768-2770
----------------	-------------	------------------------

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
 10 / 27 / 2025

Transaction ID : AA501E23E3C6748EAB19

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address PO BOX 12770

City ODESSA	State TX	Zip Code 79768-2770
----------------	-------------	------------------------

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
 10 / 27 / 2025

Transaction ID : AF72AFA6B9981461AAAC

Amount of Each Receipt this Period
3500.00

Memo Item

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

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

10500.00

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 55
(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)
SAULSBURY, MATTHEW, A., ,

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

FEC ID number of contributing federal political committee. C

Name of Employer SAULSBURY INDUSTRIES, INC. Occupation MANAGEMENT

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
10 / 27 / 2025

Transaction ID : A287C29283A8749D7B1F

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address PO BOX 525

City TOCCOA State GA Zip Code 30577-1409

FEC ID number of contributing federal political committee. C

Name of Employer STEPHENS COUNTY SHERIFFS OFFICE Occupation SHERIFF

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
10 / 13 / 2025

Transaction ID : A3E1ED591857B4B7F90D

Amount of Each Receipt this Period
250.00

Memo Item

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

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 NONE Occupation HOMEMAKER

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
10 / 22 / 2025

Transaction ID : A36F5B67E331C4C4AA16

Amount of Each Receipt this Period
3500.00

Memo Item

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

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

7250.00

**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 55
(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)
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 ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025
Transaction ID : A7AAD063C90834B4F809
Amount of Each Receipt this Period
1000.00
 Memo Item

B. 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 ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025
Transaction ID : AF16947524F404B34A70
Amount of Each Receipt this Period
500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
THAYER, REX, , ,
Mailing Address 59 RICE LANDING CT
City HAYESVILLE State NC Zip Code 28904-1540
FEC ID number of contributing federal political committee. C
Name of Employer YONAH CAPITAL Occupation SALES EXECUTIVE
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
11 / 10 / 2025
Transaction ID : A400385B0E93D42AB9C8
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00
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 24 OF 55	
<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)
THE CHICKASAW NATION

Mailing Address PO BOX 1548

City ADA	State OK	Zip Code 74821-1548
-------------	-------------	------------------------

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
 10 / 28 / 2025

Transaction ID : AF1296FFB4F1C40A6813

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WATSON, SHANNON, L., ,

Mailing Address 91 HYATT ML LN

City HAYESVILLE	State NC	Zip Code 28904-8606
--------------------	-------------	------------------------

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

Name of Employer IGNITE LIVING	Occupation CEO
-----------------------------------	-------------------

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
 12 / 31 / 2025

Transaction ID : A4FFD3F0F527743B38A5

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WAYNE, DAREN, CULBREATH, ,

Mailing Address 5533 MAINSAIL WAY

City GAINESVILLE	State GA	Zip Code 30504-8163
---------------------	-------------	------------------------

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

Name of Employer WAYNE TRADING	Occupation 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
 11 / 06 / 2025

Transaction ID : A97B6E2B5F5954D4E941

Amount of Each Receipt this Period
500.00

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 25 OF 55
(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)
WEBB, LUCIAN, E., , JR.

Mailing Address 3292 RIVERDALE RD

City TOCCOA State GA Zip Code 30577-1986

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation LAUREL GLEN HOLDINGS

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
12 / 31 / 2025

Transaction ID : AC44A9C85203D4C9EA72

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ZUGG, AMELIA, DIANNE, ,

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

FEC ID number of contributing federal political committee. C

Name of Employer SAULSBURY INDUSTRIES, INC. Occupation COMMUNITY RELATIONS

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
10 / 27 / 2025

Transaction ID : A1D0F2655F3694D82AEC

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address PO BOX 12770

City ODESSA State TX Zip Code 79768-2770

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
10 / 27 / 2025

Transaction ID : AAB40D37B074E4631B10

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	82570.00

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 55
(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)
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIR

City RESTON	State VA	Zip Code 20190-5803
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00404392

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2025

Transaction ID : A2143F08A496D4F8EB55

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIR

City RESTON	State VA	Zip Code 20190-5803
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00404392

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2025

Transaction ID : ACD952C5712C54D70A53

Amount of Each Receipt this Period
4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIR

City RESTON	State VA	Zip Code 20190-5803
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00404392

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : A5BE1AD8C59474699918

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6000.00
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 27 OF 55
(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)
FREEDOM FIRST PAC

Mailing Address PO BOX 97485

City RALEIGH State NC Zip Code 27624-7485

FEC ID number of contributing federal political committee. **C** C00503094

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
12 / 31 / 2025

Transaction ID : **A4F12EC63F8EB4944B04**

Amount of Each Receipt this Period
2000.00

Memo Item

B. 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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : **AC886F471EA5A4681BDC**

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

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
11 / 05 / 2025

Transaction ID : **AC709FB4B182A446ABB8**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 28 OF 55	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City FAIRFAX	State VA	Zip Code 22030-7550
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00053553

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : A3593A6043AFE4575B64

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO BOX 4864

City MIDLAND	State TX	Zip Code 79704-4864
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00749481

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
12 / 31 / 2025

Transaction ID : A363DAB9A51B548BE89C

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TEXANS FOR JODEY ARRINGTON

Mailing Address PO BOX 6687

City LUBBOCK	State TX	Zip Code 79493-6687
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00588657

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
11 / 06 / 2025

Transaction ID : A009EA75E4D6F4101979

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)..... ▶	14000.00

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 29 OF 55			
	<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 10 / 20 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 142.10

Transaction ID : BA4507F66D5074E8CBB1

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 10 / 27 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 43.60

Transaction ID : B7D7F47B6431A4904A87

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 11 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 2.30

Transaction ID : BD03E6A14C99F454E8BD

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 188.00

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 30 OF 55			
	<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 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
11 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.60

Transaction ID : B57079B2C09E84901B7B

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
11 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 877.09

Transaction ID : B134B62D60A8F4E6796A

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
11 / 24 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 16.70

Transaction ID : BCBE16ED4F4974960813

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 906.39

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 31 OF 55	
	<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		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CC TRANSACTION FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2.60
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:	Transaction ID : B08DD66E010C9489AB03 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CC TRANSACTION FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 8.30
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:	Transaction ID : BB1C93AB43EBD4A6687C <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CC TRANSACTION FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1.30
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:	Transaction ID : BF2BE9F0D60704C27BD5 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	12.20
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 32 OF 55	
	<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		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CC TRANSACTION FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 144.60
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:	Transaction ID : B92DEF5EF967C431A93C <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement DATABASE SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2400.00
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:	Transaction ID : B5B79C5EBEC264E2D8BF <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement DATABASE SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2400.00
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:	Transaction ID : B93BBE93A9AE144F2BCC <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4944.60
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 33 OF 55			
	<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: 10 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 16.58

Transaction ID : B5161E0695C9E4E6CB1C

Memo Item

Full Name (Last, First, Middle Initial)
B. 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: 11 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 60.00

Transaction ID : B6CCB8C1E38194963B20

Memo Item

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

Mailing Address 300 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement CATERING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 12 / 16 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 677.30

Transaction ID : BA578A7A010E54A3183C

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 753.88

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 55			
	<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. CLYDE, ANDREW, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025	
Mailing Address PO BOX 888			FEC Identification Number C	
City JEFFERSON	State GA	Zip Code 30549-0888	Amount of Each Disbursement this Period 448.35	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : BE582613046B446639EF	
Candidate Name		Memo Item <input type="checkbox"/>		
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. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025	
Mailing Address 2030 DELTA BLVD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 70.00	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 002	Transaction ID : B342E9456FEA2432C83D	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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) C. MARRIOTT			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025	
Mailing Address 525 HENLEY ST			FEC Identification Number C	
City KNOXVILLE	State TN	Zip Code 37902-2810	Amount of Each Disbursement this Period 310.67	
Purpose of Disbursement TRAVEL EXENSE		Category/ Type 002	Transaction ID : BF5D2703006F94798A93	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	448.35
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 55	
	<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 10 / 20 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 16.58

Transaction ID : BFC346BBAAF104B249EB

Memo Item

Full Name (Last, First, Middle Initial)
B. FETCH YOUR NEWS LLC

Mailing Address 300 CHERRY LOG ST UNIT 375

City CHERRY LOG State GA Zip Code 30522-2518

Purpose of Disbursement POLITICAL ADVERTISING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 20 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : B86D0705EA25A4B0BB27

Memo Item

Full Name (Last, First, Middle Initial)
C. FETCH YOUR NEWS LLC

Mailing Address 300 CHERRY LOG ST UNIT 375

City CHERRY LOG State GA Zip Code 30522-2518

Purpose of Disbursement POLITICAL ADVERTISING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : B7387AABCA65445DB992

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1000.00

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 36 OF 55	
	<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. HAWKINS, TAYLOR, , ,

Mailing Address 3539 PATE RD

City SNELLVILLE State GA Zip Code 30078-5043

Purpose of Disbursement FIELD CONSULTING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : B5E62903333144C1CB86

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: 10 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 18054.18

Transaction ID : B47983B29D9804870B97

Memo Item

Full Name (Last, First, Middle Initial)
C. 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: 11 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 20189.16

Transaction ID : B1ECEC14003824374937

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 40743.34

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 55			
	<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. MVD SPORTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 1226 E MAIN ST		FEC Identification Number C
City ASHLAND	State OH	Zip Code 44805-2809
Purpose of Disbursement CAMPAIGN T-SHIRTS	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1393.63	
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) ▼	Transaction ID : B9951FD0F2EE04D208F7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2025.24	
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) ▼	Transaction ID : BE38CACE06E924CD6838
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2036.96	
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) ▼	Transaction ID : B1DB59D524E7542BE99E
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5455.83
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 55	
	<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 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.94

Transaction ID : BCFA3696D810448E0AE3

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD
STE 520

City ARLINGTON State VA Zip Code 22209-2517

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: 11 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.93

Transaction ID : BD0E1E5C2853944D48D4

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 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 24 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.94

Transaction ID : B733AA85FE08B441AB08

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12.81

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 39 OF 55	
	<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 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
12 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.35

Transaction ID : BD91F0435DA1B4631ACB

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD
STE 520

City ARLINGTON State VA Zip Code 22209-2517

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
12 / 31 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.10

Transaction ID : B5D7418B015BB48D1B14

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3.45

TOTAL This Period (last page this line number only).....▶ 54468.85

**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 40 OF 55			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
CLYDE FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. ADDISON ENERGY TECHNOLOGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address 45 CANNON RD			FEC Identification Number C
City TOCCOA	State GA	Zip Code 30577-7226	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement REFUND		Category/Type 010	Transaction ID : BD828074F75444AB3B59
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. ALL AMERICAN BAIL BONDS LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 137 W MAY ST			FEC Identification Number C
City WINDER	State GA	Zip Code 30680-2068	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement REFUND		Category/Type 010	Transaction ID : B6CAF2A5958A64FBFB6E
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) C. B.J. REECE ORCHARDS, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2025
Mailing Address 9131 HIGHWAY 52 E			FEC Identification Number C
City ELLIJAY	State GA	Zip Code 30536-8052	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REFUND		Category/Type 010	Transaction ID : BE14CCDAEC0404A0AB7B
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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

TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	90000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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
75000.00	0.00	75000.00

TERMS	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: <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"/>

SUBTOTALS This Period This Page (optional).....▶	75000.00
TOTALS 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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5DB7069EC0354694A86

CLYDE FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2022

Primary
 General
 Other (specify) ▼

CLYDE, ANDREW, , ,

Mailing Address

PO BOX 888

City

JEFFERSON

State

GA

ZIP Code

30549-0888

Personal Funds of the Candidate

Original Amount of Loan

80000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80000.00

TERMS

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)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

80000.00

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

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

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

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

LOAN SOURCE 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
380000.00	128591.69	251408.31

TERMS	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: <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"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="251408.31"/>
TOTALS 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) **CLYDE FOR CONGRESS INC** Transaction ID : **C7EC230745E034C5FB89**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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

TERMS	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"/>

SUBTOTALS This Period This Page (optional).....▶	60000.00
TOTALS 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) **CLYDE FOR CONGRESS INC** Transaction ID : **CCB914824931D4AFE9DC**

LOAN SOURCE 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
120000.00	0.00	120000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 13 / 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:

SUBTOTALS This Period This Page (optional).....▶	120000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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 220000.00	Cumulative Payment To Date 108016.95	Balance Outstanding at Close of This Period 111983.05
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TERMS	Date Incurred M M / D D / Y Y Y Y 06 / 30 / 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: []

SUBTOTALS This Period This Page (optional).....▶	111983.05
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	0.00	175000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 28 / 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:

SUBTOTALS This Period This Page (optional).....▶	175000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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

TERMS	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: <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"/>

SUBTOTALS This Period This Page (optional).....▶	4000.00
TOTALS 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 : C9CE5C4A9B7D944C1B26
 CLYDE FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		Election: 2022 <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 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 19 / 2022	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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="25000.00"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 100%;" 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 : C138834BA9CAE4CE0B4B**
CLYDE FOR CONGRESS INC

LOAN SOURCE 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 17500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 17500.00
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TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	17500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 18 / 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:

SUBTOTALS This Period This Page (optional).....▶	110000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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 135000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 135000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 05 / 07 / 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: []

SUBTOTALS This Period This Page (optional).....▶	135000.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE5F45089576A46F7A7C

CLYDE FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2024

Primary
 General
 Other (specify) ▼

CLYDE, ANDREW, , ,

Mailing Address

PO BOX 888

City

JEFFERSON

State

GA

ZIP Code

30549-0888

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

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

03

20

2023

NONE

0.00

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CLYDE, ANDREW, , ,		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
80000.00	51027.72	28972.28

TERMS	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: <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"/>

SUBTOTALS This Period This Page (optional).....▶	28972.28
TOTALS 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.