

**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.

1 2 F E 4 M 5

Clarence for GA

ADDRESS (number and street)

PO BOX 2042

Check if different
than previously
reported. (ACC)

Hiram

GA

30141

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00864801

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

GA

14

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2024

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2024

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 Blalock, Clarence, , ,

Signature of Treasurer

Blalock, Clarence, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

12

Y Y Y Y

2024

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Clarence for GA

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2024

To:

MM / DD / YYYY
03 / 31 / 2024

	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))	3997.50	3997.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3997.50	3997.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9441.30	9441.30
(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))	9441.30	9441.30
8. Cash on Hand at Close of Reporting Period (from Line 27)	2136.20	
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)	7380.00	

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

Clarence for GA

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	2939.50	2939.50
(ii) Unitemized	1058.00	1058.00
(iii) TOTAL of contributions from individuals	3997.50	3997.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3997.50	3997.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	7380.00	7380.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7380.00	7380.00
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).....	11377.50	11377.50

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.....	9441.30	9441.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9441.30	9441.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11377.50
25. SUBTOTAL (add Line 23 and Line 24).....	11577.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9441.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2136.20

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

PAGE 5 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

Clarence for GA

Full Name (Last, First, Middle Initial)

Dawson, Robert, , ,

A. Mailing Address 3323 Sequoia Avenue

City

Atlanta

State

GA

Zip Code

30349

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		22		2024

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dawson, Robert, , ,

B. Mailing Address 3323 Sequoia Avenue

City

Atlanta

State

GA

Zip Code

30349

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1289.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		05		2024

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

1039.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dunlap, Aaron, , ,

C. Mailing Address 3321 Southerland Ct

City

Douglasville

State

GA

Zip Code

30135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Laborer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		25		2024

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

650.00

☐ Memo Item

1939.50

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

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

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

PAGE 6 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Clarence for GA

Full Name (Last, First, Middle Initial)

Wilson, James, , ,

A. Mailing Address 6051 Tattnall Overlook

City

Acworth

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	4

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

1000.00

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

2939.50

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

PAGE 7 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Clarence for GA

Full Name (Last, First, Middle Initial)

Blalock, Clarence, , ,

A.

Mailing Address PO BOX 2042

City
HiramState
GAZip Code
30141FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 26 2024

Transaction ID : SA13A.4209

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Blalock, Clarence, , ,

Mailing Address PO BOX 2042

City
HiramState
GAZip Code
30141FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2024

Transaction ID : SA13A.4207

Amount of Each Receipt this Period

5220.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Blalock, Clarence, , ,

Mailing Address PO BOX 2042

City
HiramState
GAZip Code
30141FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 06 2024

Transaction ID : SA13A.4208

Amount of Each Receipt this Period

160.00

☐ Memo Item

6380.00

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

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

FOR LINE NUMBER:
(check only one)

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

Clarence for GA

C

1000.00

7380.00

Loan from Candidate

C

Memo Item

C

[illegible]

Memo Item

7380.00

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

PAGE 9 OF 14

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

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NAME OF COMMITTEE (In Full)

Clarence for GA

Full Name (Last, First, Middle Initial)

A. Diometrix

Mailing Address 300 E Randolph St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

City
ChicagoState
ILZip Code
60601

FEC Identification Number

C	C00864801
---	-----------

Purpose of Disbursement
Digital Fundraising

001

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4216

☐ Memo ItemCandidate Name
Clarence for GACategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	4

City
Menlo ParkState
CAZip Code
94025

FEC Identification Number

C	C00864801
---	-----------

Purpose of Disbursement
Digital Fundraising

003

Amount of Each Disbursement this Period

201.77

Transaction ID : SB17.4203

☐ Memo ItemCandidate Name
Clarence for GACategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

Full Name (Last, First, Middle Initial)

C. Georgia Secretary of State

Mailing Address 214 State Capitol SW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

City
AtlantaState
GAZip Code
30334

FEC Identification Number

C	C00864801
---	-----------

Purpose of Disbursement
Qualifying Fee

001

Amount of Each Disbursement this Period

5220.00

Transaction ID : SB17.4198

☐ Memo ItemCandidate Name
Clarence for GACategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

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

6421.77

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

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

PAGE 10 OF 14

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

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NAME OF COMMITTEE (In Full)

Clarence for GA

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 520 S Grand Ave

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
Fundraising Software

003

Candidate Name
Clarence for GACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

FEC Identification Number

C C00864801

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.4200

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sole StrategiesMailing Address 806 Buchanan Blvd
#115-317City
Boulder CityState
NVZip Code
89005Purpose of Disbursement
Campaign Consulting

001

Candidate Name
Clarence for GACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	4

FEC Identification Number

C C00864801

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4226

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Texting for LessMailing Address 354 State St
#104City
HackensackState
NJZip Code
07601Purpose of Disbursement
Fundraising Text

003

Candidate Name
Clarence for GACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	4

FEC Identification Number

C C00864801

Amount of Each Disbursement this Period

206.70

Transaction ID : SB17.4224

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

2571.70

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

8993.47

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

PAGE 11 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4209

Clarence for GA

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Blalock, Clarence, , ,

Mailing Address

PO BOX 2042

City

Hiram

State

GA

ZIP Code

30141

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 / 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

1/1/2029

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).....▶

1000.00

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

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

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

PAGE 12 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

Clarence for GA

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Blalock, Clarence, , ,

Mailing Address

PO BOX 2042

City

Hiram

State

GA

ZIP Code

30141

☒ Personal Funds of the Candidate

Original Amount of Loan

5220.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5220.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 05 / 2024

M M / D D / Y Y Y Y

1/1/2029

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).....▶

5220.00

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

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

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

PAGE 13 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

Clarence for GA

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Blalock, Clarence, , ,

Mailing Address

PO BOX 2042

City

Hiram

State

GA

ZIP Code

30141

☒ Personal Funds of the Candidate

Original Amount of Loan

160.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

160.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 06 / 2024

M M / D D / Y Y Y Y

1/1/2029

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).....▶

160.00

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

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

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

PAGE 14 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4197

Clarence for GA

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Blalock, Clarence, , ,

Mailing Address

PO BOX 2042

City

Hiram

State

GA

ZIP Code

30141

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 08 / 2024

M M / D D / Y Y Y Y

1/1/2029

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).....▶

1000.00

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

7380.00

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