1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Clarence for GA

ADDRESS (number and street)

PO BOX 2042

Hiram

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00864801

3. IS THIS NEW AMENDED REPORT (N) OR AMENDED (A)

3. IS THIS NEW AMENDED REPORT (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

(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 through M M / D D / Y Y Y Y

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

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

#### Clarence for GA

**Report Covering the Period:** From: _01/01/2024_ to: _03/31/2024_

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period</strong></td>
<td><strong>Election Cycle-to-Date</strong></td>
</tr>
<tr>
<td>(a) Total Contributions (other than loans) (from Line 11(e))</td>
<td>3997.50</td>
</tr>
<tr>
<td>(b) Total Contribution Refunds (from Line 20(d))</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))</td>
<td>3997.50</td>
</tr>
</tbody>
</table>

#### Net Operating Expenditures

| (a) Total Operating Expenditures (from Line 17) | 9441.30 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 9441.30 |

#### Cash on Hand at Close of Reporting Period (from Line 27)

| 2136.20 |

#### Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

| 0.00 |

#### 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](http://www.fec.gov).
### I. RECEIPTS

#### COLUMN A

- **Total This Period**
  - Individuals/Persons Other Than Political Committees:
    - Itemized (use Schedule A)........ 2939.50
    - Unitemized.......................... 1058.00
    - TOTAL of contributions from individuals .......... 3997.50
  - Political Party Committees........... 0.00
  - Other Political Committees (such as PACs)........ 0.00
  - The Candidate.......................... 0.00
  - TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. 3997.50

- **COLUMN B**
  - Election Cycle-to-Date
  - TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(e), (b), (c), and (d)).. 3997.50

#### 11. CONTRIBUTIONS (other than loans) FROM:

##### (a) Individuals/Persons Other Than Political Committees

- Itemized (use Schedule A)........ 2939.50
- Unitemized.......................... 1058.00
- TOTAL of contributions from individuals .......... 3997.50

##### (b) Political Party Committees

- 0.00

##### (c) Other Political Committees

- (such as PACs)........ 0.00

##### (d) The Candidate

- 0.00

##### (e) TOTAL CONTRIBUTIONS (other than loans)

- (add Lines 11(a)(iii), (b), (c), and (d)).. 3997.50

#### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

- 0.00

#### 13. LOANS:

##### (a) Made or Guaranteed by the Candidate

- 7380.00

##### (b) All Other Loans

- 0.00

##### (c) TOTAL LOANS

- (add Lines 13(a) and (b))........ 7380.00

#### 14. OFFSETS TO OPERATING EXPENDITURES

- (Refunds, Rebates, etc.)........ 0.00

#### 15. OTHER RECEIPTS

- (Dividends, Interest, etc.)........ 0.00

#### 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

- (Carry Total to Line 24, page 4)........ 11377.50
### II. DISBURSEMENTS

<table>
<thead>
<tr>
<th></th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total This Period</td>
<td>Election Cycle-to-Date</td>
</tr>
<tr>
<td>17. OPERATING EXPENDITURES</td>
<td>9441.30</td>
<td>9441.30</td>
</tr>
<tr>
<td>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>19. LOAN REPAYMENTS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>20. REFUNDS OF CONTRIBUTIONS TO:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>21. OTHER DISBURSEMENTS</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>9441.30</td>
<td>9441.30</td>
</tr>
</tbody>
</table>

### III. CASH SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
<td>200.00</td>
</tr>
<tr>
<td>24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
<td>11377.50</td>
</tr>
<tr>
<td>25. SUBTOTAL (add Line 23 and Line 24)</td>
<td>11577.50</td>
</tr>
<tr>
<td>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
<td>9441.30</td>
</tr>
<tr>
<td>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</td>
<td>2136.20</td>
</tr>
</tbody>
</table>
## SCHEDULE A (FEC Form 3)

### ITEMIZED RECEIPTS

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

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Election Cycle-to-Date</th>
<th>Amount of Each Receipt this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Consultant</td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>Dawson, Robert</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3323 Sequoia Ave</td>
<td></td>
<td></td>
<td>[Memo Item]</td>
</tr>
<tr>
<td>GA, 30349</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Transaction ID: SA11AI.4114

<table>
<thead>
<tr>
<th>Date of Receipt</th>
<th>Amount of Each Receipt this Period</th>
<th>Memo Item</th>
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</thead>
<tbody>
<tr>
<td>01/22/2024</td>
<td>250.00</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Employer | Occupation     | Election Cycle-to-Date | Amount of Each Receipt this Period |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Consultant</td>
<td></td>
<td>1289.50</td>
</tr>
<tr>
<td>Dawson, Robert</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3323 Sequoia Ave</td>
<td></td>
<td></td>
<td>[Memo Item]</td>
</tr>
<tr>
<td>GA, 30349</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Transaction ID: SA11AI.4139

<table>
<thead>
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<th>Date of Receipt</th>
<th>Amount of Each Receipt this Period</th>
<th>Memo Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/05/2024</td>
<td>1039.50</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Employer | Occupation     | Election Cycle-to-Date | Amount of Each Receipt this Period |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed</td>
<td>Laborer</td>
<td></td>
<td>650.00</td>
</tr>
<tr>
<td>Dunlap, Aaron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3321 Southerland Ct</td>
<td></td>
<td></td>
<td>[Memo Item]</td>
</tr>
<tr>
<td>GA, 30135</td>
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<td></td>
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</tbody>
</table>

### Transaction ID: SA11AI.4182

<table>
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<th>Date of Receipt</th>
<th>Amount of Each Receipt this Period</th>
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<tbody>
<tr>
<td>03/25/2024</td>
<td>650.00</td>
<td></td>
</tr>
</tbody>
</table>

### SUBTOTAL of Receipts This Page (optional)............................................................... 1939.50

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

---

**FEC Schedule A (Form 3) (Revised 05/2016)**
ITEMIZED RECEIPTS

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

A. Date of Receipt
01/07/2024

FEC ID number of contributing federal political committee.
C

Name of Employer
Self

Occupation
Consultant

Receipt For:
Primary
Other (specify)

Election Cycle-to-Date
1000.00

Full Name (Last, First, Middle Initial)
Wilson, James, , ,

Mailing Address
6051 Tattnall Overlook

City
Acworth

State
GA

Zip Code
30101

Amount of Each Receipt this Period
1000.00

B. Date of Receipt

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
Primary
General
Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

C. Date of Receipt

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
Primary
General
Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1000.00
2939.50
| SCHEDULE A  (FEC Form 3) |
| ITEMIZED RECEIPTS |

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

<table>
<thead>
<tr>
<th>FULL NAME (Last, First, Middle Initial)</th>
<th>DATE OF RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blalock, Clarence, , ,</td>
<td>M M / D D / Y Y Y Y</td>
</tr>
<tr>
<td>Mailing Address PO BOX 2042</td>
<td>01 / 26 / 2024</td>
</tr>
</tbody>
</table>

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

C

**Name of Employer**

Self

**Occupation**

Consultant

**Receipt For: 2024**

Primary | General | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

C

**Name of Employer**

Self

**Occupation**

Consultant

**Receipt For: 2024**

Primary | General | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

C

**Name of Employer**

Self

**Occupation**

Consultant

**Receipt For: 2024**

Primary | General | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

**DATE OF RECEIPT**

M M / D D / Y Y Y Y

**Transaction ID : SA13A.4209**

**Amount of Each Receipt this Period**

1000.00

**MEMO ITEM**

**DATE OF RECEIPT**

M M / D D / Y Y Y Y

**Transaction ID : SA13A.4207**

**Amount of Each Receipt this Period**

5220.00

**MEMO ITEM**

**DATE OF RECEIPT**

M M / D D / Y Y Y Y

**Transaction ID : SA13A.4208**

**Amount of Each Receipt this Period**

160.00

**MEMO ITEM**
### A. Mailing Address

- **City**: PO BOX 2042
- **State**: GA
- **Zip Code**: 30141

- **FEC ID number of contributing federal political committee**: C

- **Name of Employer**: Self
- **Occupation**: Consultant

- **Receipt For**: 2024
  - Primary: □
  - General: □
  - Other (specify): □

- **Amount of Each Receipt this Period**: 1000.00

**Date of Receipt**: M 03/ D 08/ Y 2024

**Transaction ID**: SA13A.4197

**Memo Item**: Loan from Candidate

**Full Name (Last, First, Middle Initial)**: Blalock, Clarence, , ,

**Mailing Address**: PO BOX 2042

**City**: Hiram
- **State**: GA
- **Zip Code**: 30141

**Date of Receipt**: M M / D D / Y Y Y Y

**Amount of Each Receipt this Period**: 1000.00

**Memo Item**

**Election Cycle-to-Date**: 7380.00

**Full Name (Last, First, Middle Initial)**: Blalock, Clarence, , ,

**Mailing Address**: PO BOX 2042

**City**: Hiram
- **State**: GA
- **Zip Code**: 30141

**Date of Receipt**: M M / D D / Y Y Y Y

**Amount of Each Receipt this Period**: 1000.00

**Memo Item**

**Election Cycle-to-Date**: 7380.00

---

**SUBTOTAL of Receipts This Page (optional)**: 1000.00

**TOTAL This Period (last page this line number only)**: 7380.00
## NAME OF COMMITTEE (In Full)

Clarence for GA

### A. Diometrix

- **Mailing Address**: 300 E Randolph St
- **Purpose of Disbursement**: Digital Fundraising
- **Candidate Name**: Clarence for GA
- **Office Sought**: House
- **State**: GA
- **District**: 14

### B. Facebook

- **Mailing Address**: 1 Hacker Way
- **Purpose of Disbursement**: Digital Fundraising
- **Candidate Name**: Clarence for GA
- **Office Sought**: House
- **State**: GA
- **District**: 14

### C. Georgia Secretary of State

- **Mailing Address**: 214 State Capitol SW
- **Purpose of Disbursement**: Qualifying Fee
- **Candidate Name**: Clarence for GA
- **Office Sought**: House
- **State**: GA
- **District**: 14

---

### Transaction ID

**Transaction ID : SB17.4216**

**Transaction ID : SB17.4203**

**Transaction ID : SB17.4198**

---

### Amount of Each Disbursement this Period

<table>
<thead>
<tr>
<th>Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diometrix</td>
<td>1000.00</td>
</tr>
<tr>
<td>Facebook</td>
<td>201.77</td>
</tr>
<tr>
<td>Georgia Secretary of State</td>
<td>6421.77</td>
</tr>
</tbody>
</table>

---

### Total

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

6421.77
## SCHEDULE B (FEC Form 3)
### ITEMIZED DISBURSEMENTS

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)

#### A. Nationbuilder

- **Mailing Address**: 520 S Grand Ave  
- **City**: Los Angeles  
- **State**: CA  
- **Zip Code**: 90071

**Purpose of Disbursement**
- Fundraising Software

**Candidate Name**
- Clarence for GA

**Office Sought:**
- House  
- Senate  
- President

**Disbursement For:**
- Primary  
- General  
- Other (specify)

**FEC Identification Number**
- C00864801

**Amount of Each Disbursement this Period**
- 365.00

**Date of Disbursement**
- 03 / 07 / 2024

**Memo Item**

#### B. Sole Strategies

- **Mailing Address**: 806 Buchanan Blvd #115-317  
- **City**: Boulder City  
- **State**: NV  
- **Zip Code**: 89005

**Purpose of Disbursement**
- Campaign Consulting

**Candidate Name**
- Clarence for GA

**Office Sought:**
- House  
- Senate  
- President

**Disbursement For:**
- Primary  
- General  
- Other (specify)

**FEC Identification Number**
- C00864801

**Amount of Each Disbursement this Period**
- 2000.00

**Date of Disbursement**
- 02 / 16 / 2024

**Memo Item**

#### C. Texting for Less

- **Mailing Address**: 354 State St #104  
- **City**: Hackensack  
- **State**: NJ  
- **Zip Code**: 07601

**Purpose of Disbursement**
- Fundraising Text

**Candidate Name**
- Clarence for GA

**Office Sought:**
- House  
- Senate  
- President

**Disbursement For:**
- Primary  
- General  
- Other (specify)

**FEC Identification Number**
- C00864801

**Amount of Each Disbursement this Period**
- 206.70

**Date of Disbursement**
- 01 / 18 / 2024

**Memo Item**

### SUBTOTAL of Disbursements This Page (optional)
- 2571.70

### TOTAL This Period (last page this line number only)
- 8993.47
**NAME OF COMMITTEE (In Full)**
Clarence for GA

**LOAN SOURCE**  Full Name (Last, First, Middle Initial)
Blalock, Clarence, , ,

Mailing Address
PO BOX 2042

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiram</td>
<td>GA</td>
<td>30141</td>
</tr>
</tbody>
</table>

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

| 1000.00 | 0.00   | 1000.00  |

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM / DD / YYYY</td>
<td>MM / DD / YYYY</td>
<td>(If none, enter 0)</td>
<td>Yes No</td>
</tr>
<tr>
<td>01 / 26 / 2024</td>
<td>1/1/2029</td>
<td>0.00</td>
<td>No</td>
</tr>
</tbody>
</table>

**Memo Item**

- Personal Funds of the Candidate

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**SUBTOTALS** This Period This Page (optional)

| 1000.00 |

**TOTALS** This Period (last page in this line only)

| 1000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**
Clarence for GA

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Blalock, Clarence, , ,

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiram</td>
<td>GA</td>
<td>30141</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/05/2024</td>
<td>01/01/2029</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Balance Outstanding at Close of This Period**

<table>
<thead>
<tr>
<th>Amount Guaranteed Outstanding</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5220.00</td>
<td>No</td>
</tr>
</tbody>
</table>

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

1. **Full Name (Last, First, Middle Initial)**
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

**SUBTOTALS** This Period This Page (optional)

**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)**
Clarence for GA

### LOAN SOURCE
**Full Name (Last, First, Middle Initial):** Blalock, Clarence

**Mailing Address:** PO BOX 2042

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiram</td>
<td>GA</td>
<td>30141</td>
</tr>
</tbody>
</table>

**Original Amount of Loan:** 160.00

**Cumulative Payment To Date:** 0.00

**Balance Outstanding at Close of This Period:** 160.00

### TERMS

- **Date Incurred:** 03/06/2024
- **Date Due:** 1/1/2029
- **Interest Rate (If none, enter 0):** 0.00%
- **Secured:** No

**Memo Item:**
- [ ] Personal Funds of the Candidate

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blalock, Clarence</td>
<td></td>
</tr>
</tbody>
</table>

**Guaranteed Outstanding:**

### SUBTOTALS
**This Period This Page (optional):** 160.00

**TOTALS**
**This Period (last page in this line only):** 160.00

---

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**
Clarence for GA

**LOAN SOURCE**  Full Name (Last, First, Middle Initial)
Blalock, Clarence, , ,

Mailing Address
PO BOX 2042

City  Hiram  State  GA  ZIP Code  30141

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
<td>0.00</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

**TERMS**  Date Incurred  Date Due  Interest Rate  Secured:
M M / D D / Y Y Y Y  M M / D D / Y Y Y Y  % (apr)  Yes  No
03 / 08 / 2024  01/01/2029  0.00  No

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

1. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City  State  ZIP Code

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City  State  ZIP Code

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City  State  ZIP Code

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City  State  ZIP Code

**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.