



Filing ID #10070411

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Jefferson Edward Criswell  
**Status:** Congressional Candidate  
**State/District:** GA14

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2025  
**Filing Date:** 06/13/2025  
**Period Covered:** 01/01/2024– 04/15/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
ALLSTATE GOOD HANDS RESCUE NETWORK	ROADSIDE SERVICE PROVIDER	\$25,000.00	N/A
AGERO	ROADSIDE SERVICE PROVIDER	\$3,000.00	N/A
TIPS	TIPS WHILE PROVIDING ROADSIDE SERVICES	\$1,000.00	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	INTERNAL REVENUE SERVICE	TAX YEAR 2024	TAXES OWED	\$10,000 - \$15,000
	REPRISE FINANCIAL	SPRING 2024	LOAN ON CAR	\$5,000,001 - \$25,000,000

## **SCHEDULE E: POSITIONS**

None disclosed.

## **SCHEDULE F: AGREEMENTS**

None disclosed.

## **SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

## **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes  No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes  No

## **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Jefferson Edward Criswell , 06/13/2025