

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

BUDDY CARTER FOR CONGRESS

ADDRESS (number and street) 200 E ST JULIAN ST SUITE 603

Check if different than previously reported. (ACC)

SAVANNAH

GA

31401

2. **FEC IDENTIFICATION NUMBER** ▼

C C00543967

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

GA

01

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

/  /

through

/  /

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 CARLTON H HODGES

Signature of Treasurer CARLTON H HODGES

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BUDDY CARTER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	118071.96	358185.96
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	118071.96	357435.96
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	63685.94	140785.36
(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)).....	63685.94	140785.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	416684.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	200000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BUDDY CARTER FOR CONGRESS**

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).....	88326.96	273976.96
(ii) Unitemized.....	13745.00	22511.00
(iii) TOTAL of contributions from individuals ▶	102071.96	296487.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16000.00	61698.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	118071.96	358185.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.07	33.45
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	168072.03	558219.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	63685.94	140785.36
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	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	750.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	63685.94	141535.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	312297.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	168072.03
25. SUBTOTAL (add Line 23 and Line 24).....	480369.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63685.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	416684.05

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MATTHEW ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1000 TOWNE CENTER BLVD.		<b>Transaction ID : SA11AI.5723</b>
City POOLER	State GA	
Zip Code 31322	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer GODLEY STATION DENTISTRY	Occupation DENTIST	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>CLYDE ANDREWS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 6 SHE CRAB CIRCLE		<b>Transaction ID : SA11AI.5728</b>
City SAVANNAH	State GA	
Zip Code 31411	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation DENTIST	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>JAMES ANDREWS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 111 GREEN ISLAND ROAD		<b>Transaction ID : SA11AI.5729</b>
City SAVANNAH	State GA	
Zip Code 31411	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer ANDREWS REALTY PARTNERSHIP	Occupation BROKER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DEAN AUTEN**

Mailing Address 100 KING COTTON ROAD

City State Zip Code  
BRUNSWICK GA 31525

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

Name of Employer Occupation  
SELF-EMPLOYED INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5734**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6200 SWEETBAY DRIVE

City State Zip Code  
BLACKSHEAR GA 31516

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

Name of Employer Occupation  
BARBER'S PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.5735**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2641 ORCHARD KNOB SE

City State Zip Code  
ATLANTA GA 30339

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

Name of Employer Occupation  
RETIRED YHC BOARD CHAIR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5736**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 7 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHELE BELCHER**

Mailing Address 1799 NE HILLCREST LANE

City GRANTS PASS State OR Zip Code 97526

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

Name of Employer GRANTS PASS PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : SA11AI.5739**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 610 N SLAPPEY BLVD.

City ALBANY State GA Zip Code 31701

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

Name of Employer THE PRESCRIPTION SHOPPE Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : SA11AI.5740**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 8015 YORKTOWN DRIVE

City ALEXANDRIA State VA Zip Code 22308

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

Name of Employer NCPS Occupation PHARMACY SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11AI.5741**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

**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 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID BILLS**

Mailing Address 155 WING MILL ROAD

City ATLANTA State GA Zip Code 30350

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

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5743**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3 PETTIGREW DRIVE

City SAVANNAH State GA Zip Code 31411

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

Name of Employer TRONOX LLC Occupation SALES AND DISTRIBUTION MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11AI.5745**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 99 BOONE TRAIL

City WEAVERVILLE State NC Zip Code 28787

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

Name of Employer ASHEVILLE COMPOUNDING PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11AI.5748**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

**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 9 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

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

Mailing Address 20 PLANTATION DRIVE

City ATLANTA State GA Zip Code 30324

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

Name of Employer GEORGIA PHARMACY ASSOCIATION Occupation PHARMACIST-CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5749**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 403 WHEELER STREET

City SAVANNAH State GA Zip Code 31405

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

Name of Employer WELLS FARGO Occupation FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11AI.5751**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 21697

City ST. SIMON'S ISLAND State GA Zip Code 31522

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5752**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN CAMPBELL**

Mailing Address 126 CUYLER LANE

City State Zip Code  
ST. SIMON'S ISLAND GA 31522

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

Name of Employer Occupation  
RETIRED RETIRED U.S. ARMY COL.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11AI.5758**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 322 N MAIN STREET

City State Zip Code  
HINESVILLE GA 31313

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

Name of Employer Occupation  
LIBERTY COUNTY SCHOOL SYSTEM TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
626.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.6047**

Amount of Each Receipt this Period  
626.40  
In-kind - TABLE & CHAIR RENTAL FOR F/R EVENT

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

Mailing Address 322 N MAIN STREET

City State Zip Code  
HINESVILLE GA 31313

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

Name of Employer Occupation  
EDWARD JONES INVESTMENTS FINANCIAL ADVISER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.6049**

Amount of Each Receipt this Period  
250.00  
In-kind - RENTAL OF F/R VENUE & POSTAGE

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

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

1126.40

**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 11 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JEFF CARSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address 8010 COLONIAL WOODS		<b>Transaction ID : SA11AI.5760</b>	
City BOERNE	State TX	Zip Code 78015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer OAKDELL PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. JOHN CARSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address 140 TURNBERRY WAY		<b>Transaction ID : SA11AI.5761</b>	
City SAN ANTONIO	State TX	Zip Code 78230	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer OAKDELL PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. RAYMOND E CARTLEDGE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 27 SEAWATCH DRIVE		<b>Transaction ID : SA11AI.5762</b>	
City SAVANNAH	State GA	Zip Code 31411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN CASWELL**

Mailing Address 2303 MILITARY AVENUE

City State Zip Code  
BAXTER SPRINGS KS 66713

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

Name of Employer Occupation  
WOLKAR DRUG PHARMACIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5763**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1001 L STREET NW #610

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation  
RITE AID VP FED AFFAIRS & POLICY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5766**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 HAWKSBEARD LANE

City State Zip Code  
SAVANNAH GA 31411

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : SA11AI.5769**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

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

Mailing Address P.O. BOX 911

City State Zip Code  
CIMARRON KS 67835

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

Name of Employer Occupation  
CLARK PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5770**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 235 COMMODORE DRIVE

City State Zip Code  
SAVANNAH GA 31410

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

Name of Employer Occupation  
LO COST PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.5771**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 114 BROOKS BLVD.

City State Zip Code  
BREWTON AL 36426

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

Name of Employer Occupation  
MEDICAL CENTER PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5778**

Amount of Each Receipt this Period  
350.00

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

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

1200.00

**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 14 OF 103	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CATHY COX**

Mailing Address P.O. BOX 409

City State Zip Code  
YOUNG HARRIS GA 30582

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

Name of Employer Occupation  
YOUNG HARRIS COLLEGE COLLEGE ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 06 / 2013**

**Transaction ID : SA11AI.6057**

Amount of Each Receipt this Period  
**450.00**  
In-kind - CATERING EXPENSE FOR F/R EVENT

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

Mailing Address 498 WYTHE CREEK ROAD

City State Zip Code  
POQUOSON VA 23662

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

Name of Employer Occupation  
YORK DRUG INC PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2013**

**Transaction ID : SA11AI.5781**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 423 GEORGIA AVE SE

City State Zip Code  
ATLANTA GA 30312

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

Name of Employer Occupation  
AT&T REGIONAL VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2013**

**Transaction ID : SA11AI.5783**

Amount of Each Receipt this Period  
**250.00**

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

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

**950.00**

**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 15 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JASON D'CRUZ**

Mailing Address 76 INMAN CIRCLE NE

City ATLANTA State GA Zip Code 30309

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

Name of Employer MORRIS, MANNING & MARTIN Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : SA11AI.6232**

Amount of Each Receipt this Period  
1000.00

In-kind - ATLANTA FUNDRAISER EXPENSES

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

Mailing Address 955 PAT HARALSON DRIVE

City BLAIRSVILLE State GA Zip Code 30512

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

Name of Employer DAVENPORT TRANSPORTATION Occupation POSTAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5784**

Amount of Each Receipt this Period  
300.00

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

Mailing Address P.O. BOX 955

City BLAIRSVILLE State GA Zip Code 30514

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

Name of Employer RICKS RENTAL INC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5785**

Amount of Each Receipt this Period  
500.00

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

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

1800.00

**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 16 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MAHLLON DAVIDSON**

Mailing Address 5002 LOWER JERSEY ROAD

City State Zip Code  
OXFORD GA 30054

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

Name of Employer Occupation  
KROGER PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 17 2013

**Transaction ID : SA11AI.5786**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 409

City State Zip Code  
YOUNG HARRIS GA 30582

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

Name of Employer Occupation  
MARK DEHLER LLC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 17 2013

**Transaction ID : SA11AI.5788**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 51

City State Zip Code  
HINESVILLE GA 31310

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 17 2013

**Transaction ID : SA11AI.5789**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 17 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLARK DERISO**

Mailing Address 507 EAST ST. JULIAN STREET

City SAVANNAH State GA Zip Code 31401

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5792**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 11 ARLINGTON CT.

City WARREN State NJ Zip Code 07059

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5793**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 815 EAST 68TH STREET

City SAVANNAH State GA Zip Code 31405

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 10 / 2013

**Transaction ID : SA11AI.6055**

Amount of Each Receipt this Period  
 264.22  
 In-kind - BEVERAGES FOR F/R EVENT

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

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

1764.22

**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 18 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN DICKENSON**

Mailing Address **815 EAST 68TH STREET**

City **SAVANNAH** State **GA** Zip Code **31405**

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

Name of Employer **SELF-EMPLOYED** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1264.22**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2013**

**Transaction ID : SA11AI.5794**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **222 JERICO WAY**

City **RICHMOND HILL** State **GA** Zip Code **31324**

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

Name of Employer **RICHMOND HILL PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : SA11AI.5796**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **107 GATEWAY CENTER CIRCLE**

City **BRUNSWICK** State **GA** Zip Code **31525**

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

Name of Employer **DIXON MANAGEMENT CORP.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 17 / 2013**

**Transaction ID : SA11AI.5797**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

**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 19 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CLAUDE DRYDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013	
Mailing Address 101 W. COURT STREET		<b>Transaction ID : SA11AI.5800</b>	
City HINESVILLE	State GA	Zip Code 31313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer DRYDEN ENTERPRISE INC	Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. J. ASHLEY DUKES</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013	
Mailing Address 104 STRACHAN LANE		<b>Transaction ID : SA11AI.5802</b>	
City ST. SIMON'S ISLAND	State GA	Zip Code 31522	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer DUKES DRUGS INC.	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. RANDY DUNN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013	
Mailing Address 451 MT. MEADOWS ROAD		<b>Transaction ID : SA11AI.5803</b>	
City CLEVELAND	State GA	Zip Code 30528	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer YOUNG HARRIS COLLEGE	Occupation DIRECTOR OF ATHLETICS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**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 20 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TRACY DURHAM</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2013	
Mailing Address 145 TRADERS WAY		<b>Transaction ID : SA11AI.5804</b>	
City POOLER	State GA	Zip Code 31322	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF-EMPLOYED	Occupation DENTIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MELISSA EMERY</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2013	
Mailing Address 43 COTTON XING W		<b>Transaction ID : SA11AI.5810</b>	
City SAVANNAH	State GA	Zip Code 31411	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF-EMPLOYED	Occupation MANAGEMENT CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. TERRY FORSHEE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 7206 DALTON PIKE SE		<b>Transaction ID : SA11AI.5814</b>	
City CLEVELAND	State TN	Zip Code 37323	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer TAKE CHARGE NUTRITION	Occupation PHARMACIST-PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT FRANKIL**

Mailing Address 21 MINER CIR.

City State Zip Code  
COLLEGEVILLE PA 19426

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

Name of Employer Occupation  
SKIPPACK PHARMACY PHARMACIST/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.5815**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 109 OLD ENGLISH CT SW

City State Zip Code  
LEESBURG VA 20175

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

Name of Employer Occupation  
LEESBURG PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5819**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 311 MCALPIN DRIVE

City State Zip Code  
SAVANNAH GA 31406

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

Name of Employer Occupation  
OPTIM HEALTHCARE PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.5820**

Amount of Each Receipt this Period  
2600.00

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

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

3200.00

**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 22 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANNE GINSBERG</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address 10 WASHINGTON AVENUE		<b>Transaction ID : SA11AI.5821</b>	
City SAVANNAH	State GA	Zip Code 31405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN GIROUX</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address 9034 RIDGE ROAD		<b>Transaction ID : SA11AI.5822</b>	
City GASPORT	State NY	Zip Code 14067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MIDDLEPORT FAMILY HEALTH CTR	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. JIM GODLEY</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address P.O. BOX 816		<b>Transaction ID : SA11AI.5823</b>	
City WOODBINE	State GA	Zip Code 31569	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 23 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LEN GRADDY**

Mailing Address P.O. BOX 163

City HINESVILLE State GA Zip Code 31310

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

Name of Employer SELF-EMPLOYED Occupation FINANCIAL GRP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5824**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 450 SIMMONS ROAD

City WARNER ROBINS State GA Zip Code 31093

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

Name of Employer GRAVES PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11AI.5825**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3553 MUIRFIELD DRIVE

City WATERLOO State IA Zip Code 50701

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

Name of Employer GREENWOODY DRUG INC. Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5827**

Amount of Each Receipt this Period  
350.00

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

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

1100.00

**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 24 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD GRIFFIS**

Mailing Address 110 COMANCHE ROAD

City BRUNSWICK State GA Zip Code 31525

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

Name of Employer RAINBOW DRUG STORE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5830**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 113 DRAKES LANDING

City BRUNSWICK State GA Zip Code 31523

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

Name of Employer RAINBOW DRUG STORE Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5831**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1006 KINGSBURY ROAD

City WASHINGTON State IL Zip Code 61571

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

Name of Employer RETIRED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5833**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM GROSS**

Mailing Address P.O. BOX 365

City Kingsland State GA Zip Code 31548

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

Name of Employer W.H. GROSS CONSTRUCTION CO. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5834**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 14 SAGE STREET

City Holmdel State NJ Zip Code 07733

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

Name of Employer LOISAIDA RX Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5835**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address P.O. BOX 152643

City ARLINGTON State TX Zip Code 76015

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5839**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 26 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TIM HARRIS**

Mailing Address 15 TIMBERLAKE TRAIL

City State Zip Code  
JESUP GA 31545

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

Name of Employer Occupation  
HARRIS ACE HARDWARE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11AI.5841**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 402 RIVER STREET

City State Zip Code  
VALDOSTA GA 31601

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

Name of Employer Occupation  
RKS PHARMACEUTICALS INC PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2013

**Transaction ID : SA11AI.5842**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 104 WIGMORE CIRCLE

City State Zip Code  
SAVANNAH GA 31410

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

Name of Employer Occupation  
RETIRED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2013

**Transaction ID : SA11AI.5843**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 27 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BUD HEARN**

Mailing Address P.O. BOX 31367

City SEA ISLAND State GA Zip Code 31561

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

Name of Employer HEARN FAMILY LIMITED LLP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5844**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 50 RIDGEVIEW DRIVE

City PASCO State WA Zip Code 99301

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5847**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7317 35TH AVENUE NE

City SEATTLE State WA Zip Code 98115

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

Name of Employer RXTRA CARE INC Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5848**

Amount of Each Receipt this Period  
 350.00

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

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

1100.00

**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 28 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**R. GREG HICKMAN**

Mailing Address 717 McDANIEL STREET

City State Zip Code  
MONROE GA 30655

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

Name of Employer Occupation  
WALTON DRUG CO. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : SA11AI.5849**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 144 COOPER AVENUE

City State Zip Code  
LANDISVILLE PA 17538

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5851**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 154

City State Zip Code  
URBANNA VA 23175

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

Name of Employer Occupation  
GLOUCESTER PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5855**

Amount of Each Receipt this Period  
350.00

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

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

3200.00

**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 29 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL HODGES**

Mailing Address 324 DUNBARTON DRIVE

City State Zip Code  
ST. SIMON'S ISLAND GA 31522

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

Name of Employer Occupation  
AMERIS BANK MARKET PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5856**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1104 EMERALD DRIVE

City State Zip Code  
ALEXANDRIA VA 22308

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

Name of Employer Occupation  
NATL COMMUNITY PHAR ASSOC PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5857**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2445A NW LOOP

City State Zip Code  
STEPHENVILLE TX 76401

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5859**

Amount of Each Receipt this Period  
250.00

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

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

850.00

**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 30 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WAYNE JOHNSON**

Mailing Address 218 FIVE POUNDS ROAD

City State Zip Code  
ST. SIMON'S ISLAND GA 31522

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

Name of Employer Occupation  
THE COASTAL BANK BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11AI.5865**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. BOX 800

City State Zip Code  
HINESVILLE GA 31310

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

Name of Employer Occupation  
JONES, OSTEEN & JONES ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11AI.5866**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 816 WILMINGTON ISLAND ROAD

City State Zip Code  
SAVANNAH GA 31410

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

Name of Employer Occupation  
OPTIM HEALTH PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : SA11AI.5867**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

**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 31 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARSHA KAPILOFF**

Mailing Address 849 WOODSDALE TERRACE

City State Zip Code  
MACON GA 31213

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.5868**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 218 MEDINAH

City State Zip Code  
ST. SIMON'S ISLAND GA 31522

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

Name of Employer Occupation  
RICH PRODUCT CORP. DIV. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11AI.5869**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 211 MALLARD LOOP ROAD

City State Zip Code  
SAVANNAH GA 31405

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

Name of Employer Occupation  
OPTIM HEALTH CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11AI.5871**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN KORNBLATT**

Mailing Address 1416 WALTHOUR ROAD

City SAVANNAH State GA Zip Code 31410

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

Name of Employer EMERGENCY MEDICINE Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11AI.5873**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. BOX 330

City WALTHOURVILLE State GA Zip Code 31333

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

Name of Employer GA ASSOC. OF WATER PROS. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11AI.5874**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1031 HEIDI TRAIL

City BUCKHEAD State GA Zip Code 30625

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

Name of Employer THRIFY MAC DISCOUNT DRUG Occupation PHARMACIST OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5876**

Amount of Each Receipt this Period  
 300.00

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

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

2300.00

**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 33 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH LECH**

Mailing Address 13 ROCKLEDGE LANE

City State Zip Code  
TUNKHANNOCK PA 18657

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5878**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 2467 DEMERE ROAD

City State Zip Code  
ST. SIMON'S ISLAND GA 31527

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

Name of Employer Occupation  
COASTAL CPAS LLC CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13690 HIGHLAND SPRINGS

City State Zip Code  
WICHITA KS 67235

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

Name of Employer Occupation  
PRESTON PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11AI.5881**

Amount of Each Receipt this Period  
250.00

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

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

1100.00

**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 34 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM LETENDRE**

Mailing Address 1307 OYSTER POINT DRIVE

City State Zip Code  
SUGAR LAND TX 77478

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

Name of Employer Occupation  
PCCA PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.5882**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 191 MERION ST.

City State Zip Code  
ST. SIMONS ISLAND GA 31522

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

Name of Employer Occupation  
ALTAMA PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11AI.5883**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 1643

City State Zip Code  
ATHENS GA 30603

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

Name of Employer Occupation  
WESTERN JUDICIAL CIRCUIT ASSISTANT DA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11AI.5887**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 35 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DALE LONG**

Mailing Address 140 MOODY BRIDGE NE

City LUDOWICI State GA Zip Code 31316

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

Name of Employer LUDOWICI DRUGS Occupation TECH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5889**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1082 JUDITH WAY

City ATLANTA State GA Zip Code 30324

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

Name of Employer GA ACADEMY OF IND PHARMACIES Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.5892**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1690 DRUID HILLS ROAD

City ATLANTA State GA Zip Code 30319

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

Name of Employer FROGUE CLARK LLC Occupation DIR. OF STATE GOV. RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11AI.5893**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00

**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 36 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SRINIVAS MADDALI**

Mailing Address **2 RICHARDS AVENUE**

City **SUCCASUNNA** State **NJ** Zip Code **07876**

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

Name of Employer **PHARMACY PLUS NETWORK** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : SA11AI.5894**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **200 SUGARCANE DRIVE**

City **HARTWELL** State **GA** Zip Code **30643**

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

Name of Employer **MADDEN'S PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.5895**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **5 NOBLE JONES LANE**

City **SAVANNAH** State **GA** Zip Code **31411**

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

Name of Employer **RANITZ, MAHONEY, MAHONEY & PAC** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11AI.5896**

Amount of Each Receipt this Period  
**200.00**

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

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

**1200.00**

**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 37 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ADAM MALONE**

Mailing Address 4509 BELVEDERE PLACE

City MARIETTA State GA Zip Code 30067

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

Name of Employer MALONE LAW Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5897**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 220 RICE MILL

City ST. SIMON'S ISLAND State GA Zip Code 31522

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

Name of Employer MCGINTY, GORDON & ASSOC. Occupation INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5898**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 211 BENNINGTON TER

City PARAMUS State NJ Zip Code 07652

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

Name of Employer NEW AMSTERDAM DRUG MART Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5899**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAMALA MARGUESS**

Mailing Address 1480 ROSWELL ROAD

City State Zip Code  
MARIETTA GA 30062

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

Name of Employer Occupation  
EAST MARIETTA DRUGS PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5900**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 410 GOLF CREST LANE

City State Zip Code  
AUSTIN TX 78734

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

Name of Employer Occupation  
DRIPPING SPRINGS PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5902**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 316 STEPHENSON AVENUE

City State Zip Code  
SAVANNAH GA 31405

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

Name of Employer Occupation  
ENDO ASSOC. OF SAVANNAH ENDODONTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5903**

Amount of Each Receipt this Period  
350.00

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

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

1050.00

**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 39 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VERNON MARTIN**

Mailing Address 206 WYMBERLY ROAD

City State Zip Code  
ST. SIMON'S ISLAND GA 31522

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

Name of Employer Occupation  
VEMAR LLC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2535 ELDORADO PKWY

City State Zip Code  
MCKINNEY TX 75070

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

Name of Employer Occupation  
PARAGON HEALTHCARE PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 42 W MAIN STREET

City State Zip Code  
LAKELAND FL 31635

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

Name of Employer Occupation  
LAKELAND DRUG CO. PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : SA11AI.5908**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 40 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GINA MEADOR**

Mailing Address P.O. BOX 467

City State Zip Code  
ELK CITY OK 73648

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

Name of Employer Occupation  
PAUL JONES DRUGS DPH

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5910**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4803 HESSMER AVENUE

City State Zip Code  
METAIRIE LA 70002

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 17 MAD TURKEY CROSSING

City State Zip Code  
SAVANNAH GA 31411

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

Name of Employer Occupation  
ENDODONTIC ASSOC OF SAVANNAH ENDODONTIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 05 / 2013

**Transaction ID : SA11AI.5914**

Amount of Each Receipt this Period  
350.00

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

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

950.00

**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 41 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DEREK MILES</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2013	
Mailing Address 39 COVE DRIVE		<b>Transaction ID : SA11AI.5915</b>	
City SAVANNAH	State GA	Zip Code 31419	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer ENDODONTIC ASSOC. OF SAVANNAH	Occupation ENDODONTIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. ZELL MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address 709 MILLER STREET		<b>Transaction ID : SA11AI.5917</b>	
City YOUNG HARRIS	State GA	Zip Code 30582	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. DANIEL MIMS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2013	
Mailing Address 3480 EASTERN BLVD.		<b>Transaction ID : SA11AI.5918</b>	
City MONTGOMERY	State AL	Zip Code 36116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INSTITUTIONAL PHARMACY SOLUTIO	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3950.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 42 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CYNTHIA MOON**

Mailing Address 4177 US HWY 319 S

City TIFTON State GA Zip Code 31794

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

Name of Employer MOON'S PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5920**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 4369 ST. ALBANS DRIVE

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer PANAMA PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5923**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

Mailing Address P.O. BOX 127

City BLAIRSVILLE State GA Zip Code 30514

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

Name of Employer NELSON TRACTOR COMPANY Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5924**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 600.00

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

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

\_\_\_\_\_ 1350.00

\_\_\_\_\_



**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 44 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM OSBORNE**

Mailing Address 1505 E BJ TUNNELL BLVD.

City MIAMI State OK Zip Code 74355

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

Name of Employer OSBORNE DRUGS Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.5931**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address P.O. BOX 1309

City HINESVILLE State GA Zip Code 31310

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

Name of Employer OSTEEN & OSTEEN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5932**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address P.O. BOX 2387

City BLAIRSVILLE State GA Zip Code 30514

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5935**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00

**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 45 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL PAINTER**

Mailing Address **2 KENTUCKY AVENUE**

City **SAVANNAH** State **GA** Zip Code **31404**

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

Name of Employer **EPRA LAW** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11AI.5938**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **4295 OLD HWY 76**

City **BLUE RIDGE** State **GA** Zip Code **30513**

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

Name of Employer **PARRIS PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2013**

**Transaction ID : SA11AI.5939**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **19848 SUNSET VISTA ROAD**

City **WALNUT** State **CA** Zip Code **91789**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2013**

**Transaction ID : SA11AI.5940**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 46 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD PIELA Jr.**

Mailing Address 1350 ARBORWOOD RIDGE

City State Zip Code  
BISHOP GA 30621

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

Name of Employer Occupation  
FIERET PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5945**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 106B ROCK QUARRY ROAD

City State Zip Code  
STOCKBRIDGE GA 30281

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

Name of Employer Occupation  
PIERCE PHARMACY MGMT. PHARMACIST

Receipt For: 2014  
 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 / 2013

**Transaction ID : SA11AI.5946**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1184 RIVER DRIVE SW

City State Zip Code  
DARIEN GA 31305

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

Name of Employer Occupation  
AMERIS BANK CORPORATE LENDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5948**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 47 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD PONUCEY Jr.**

Mailing Address 1372 MOUNTAIN PARK DRIVE

City KENNESAW State GA Zip Code 30152

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

Name of Employer MORRIS, MANNING & MARTIN Occupation ATTORNEY/PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5950**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS J. RATCLIFFE Jr.**

Mailing Address 103 NORTH MAIN STREET

City HINESVILLE State GA Zip Code 31313

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

Name of Employer RATCLIFFE & SMITH PC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1091 KINGS ROAD

City MIDWAY State GA Zip Code 31320

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

Name of Employer STATE FARM Occupation INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.5953**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 48 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD REYNOLDS**

Mailing Address 1420 EVANS STREET

City State Zip Code  
BAINBRIDGE GA 39819

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

Name of Employer Occupation  
BAINBRIDGE PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5955**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 19300 RILEY ROAD

City State Zip Code  
LITTLE ROCK AR 72206

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

Name of Employer Occupation  
ARKANSAS PHARMACIST ASSOC. PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5959**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1150 EASTPORT CENTRE DRIVE

City State Zip Code  
VALPARAISO IN 46383

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

Name of Employer Occupation  
IN TOUCH PHARMACEUTICALS PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5965**

Amount of Each Receipt this Period  
500.00

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

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

1050.00

**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 49 OF 103	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JULIE ANN ROUTHIER**

Mailing Address 108 CAROLINES RETREAT

City SAVANNAH State GA Zip Code 31406

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

Name of Employer PADEREWSKI & ROUTHIER Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5967**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25 BARNETT DRIVE

City SAVANNAH State GA Zip Code 31406

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.5970**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 37 LITTLE COMFORT ROAD

City SAVANNAH State GA Zip Code 31411

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

Name of Employer JERRY BEETS & ASSOCIATES Occupation INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : SA11AI.5975**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

**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 50 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KELLY SELBY**

Mailing Address 3808 SEVILLE ROAD

City State Zip Code  
DENTON TX 76205

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

Name of Employer Occupation  
COMMUNITY PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5977**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 785 RALEIGH COURT

City State Zip Code  
MARIETTA GA 30064

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5981**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 120 WILLOW LAKE DRIVE

City State Zip Code  
CARLISLE PA 17015

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

Name of Employer Occupation  
HARRISBURG PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5983**

Amount of Each Receipt this Period  
250.00

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

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

900.00

**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 51 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANNY SMITH**

Mailing Address 112 W. OAK STREET

City State Zip Code  
MCRAE GA 31055

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

Name of Employer Occupation  
SMITH'S PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5985**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 19 ERICA DRIVE

City State Zip Code  
INDIANA PA 15701

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

Name of Employer Occupation  
MEANS-LAUF SUPER DRUG PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.5986**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 13 W. BLUFF DRIVE

City State Zip Code  
SAVANNAH GA 31406

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

Name of Employer Occupation  
GA SKIN & CANCER CENTER PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.5989**

Amount of Each Receipt this Period  
300.00

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

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

1150.00

**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 52 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REBECCA SNEAD**

Mailing Address 12911 CHIPSTEAD ROAD

City CHESTER State VA Zip Code 23831

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

Name of Employer: NAT'L ALLIANCE OF STATE ASSOC. Occupation: PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 24 / 2013

**Transaction ID : SA11AI.5990**

Amount of Each Receipt this Period: 250.00

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

Mailing Address P.O. BOX 5269

City ALBANY State NY Zip Code 12205

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

Name of Employer: CLOUGH HARBOUR & ASSOCIATES Occupation: ENGINEER/PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2013

**Transaction ID : SA11AI.5991**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 412 COUNTRY CLUB DRIVE

City LEBANON State KY Zip Code 40033

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

Name of Employer: SELF-EMPLOYED Occupation: PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 20 / 2013

**Transaction ID : SA11AI.5992**

Amount of Each Receipt this Period: 250.00

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

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

1500.00

**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 53 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HENRY STEVENS**

Mailing Address 1 OLD SOUTH LANE

City SAVANNAH State GA Zip Code 31411

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

Name of Employer STEVENS, HALE & ASSOCIATES Occupation INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11AI.5995**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 718 MERGANSER CIR.

City GLENNVILLE State GA Zip Code 30427

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.5996**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2 WHISPERING WOODS

City OAKLAND State NJ Zip Code 07436

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

Name of Employer MELBRAN PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.6003**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

**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 54 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY TALLENT**

Mailing Address P.O. BOX 398

City: **BLAIRSVILLE** State: **GA** Zip Code: **30514**

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

Name of Employer: **UNITED COMMUNITY BANK** Occupation: **PRESIDENT/CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **12 / 17 / 2013**

**Transaction ID : SA11AI.6004**

Amount of Each Receipt this Period: **500.00**

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

Mailing Address P.O. BOX 269

City: **SANDERSVILLE** State: **GA** Zip Code: **31082**

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

Name of Employer: **SANDERSVILLE RAILROAD CO.** Occupation: **ASSISTANT VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **12 / 31 / 2013**

**Transaction ID : SA11AI.6006**

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

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

Mailing Address 114 N. MARSH ROAD

City: **SAVANNAH** State: **GA** Zip Code: **31410**

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

Name of Employer: **COMPOUNDING SOLUTIONS OF SAVH** Occupation: **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **10 / 17 / 2013**

**Transaction ID : SA11AI.6007**

Amount of Each Receipt this Period: **500.00**

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

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

**2000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KIM TENREIRO**

Mailing Address 4069 WHITETAIL DRIVE

City State Zip Code  
CANANDAIANA NY 14424

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

Name of Employer Occupation  
SELF-EMPLOYED PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : SA11AI.6009**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12854 WAYCROSS HWY

City State Zip Code  
SCREVEN GA 31560

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.6010**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 105 LAVYNNNDON LANE

City State Zip Code  
MECHANICSBURG PA 17055

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

Name of Employer Occupation  
RITE AID CORP EXEC VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2013

**Transaction ID : SA11AI.6013**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEN TOLLISON**

Mailing Address P.O. BOX 607

City State Zip Code  
BRUNSWICK GA 31521

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

Name of Employer Occupation  
SEASCAPE COMPANY REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.6014**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 15966 LAUREL CREEK DRIVE

City State Zip Code  
DELRAY BEACH FL 33446

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

Name of Employer Occupation  
GUARDIAN PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.6016**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 10 WINDWALK LN

City State Zip Code  
SAVANNAH GA 31411

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.6018**

Amount of Each Receipt this Period  
200.00

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

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

3050.00

**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 57 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LISA UMFLEET**

Mailing Address 1206 OLD CADET ROAD

City State Zip Code  
BONNE TERRE MO 63628

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

Name of Employer Occupation  
PARKLAND HEALTH MART PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2013

**Transaction ID : SA11AI.6019**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 599 MINGARRY DRIVE

City State Zip Code  
RICHMOND HILL GA 31324

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 306C MCALPIN DRIVE

City State Zip Code  
SAVANNAH GA 31406

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

Name of Employer Occupation  
SELF-EMPLOYED ORTHODONTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1736.34

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.6063**

Amount of Each Receipt this Period  
486.34

In-kind - CATERING & ROOM RENTAL FOR F/R EVENT

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

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

986.34

**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 58 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFF WALTER**

Mailing Address P.O. BOX 7061

City State Zip Code  
ALEXANDRIA VA 22307

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

Name of Employer Occupation  
CAPITAL COUNSEL LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11AI.6025**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1040 Q STREET

City State Zip Code  
GENEVA NE 68361

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

Name of Employer Occupation  
WEAVER PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 24 / 2013

**Transaction ID : SA11AI.6026**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 244 BRADLEY CREEK DRIVE

City State Zip Code  
SAVANNAH GA 31410

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

Name of Employer Occupation  
O.C. WELCH FORD LINCOLN PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11AI.6028**

Amount of Each Receipt this Period  
500.00

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

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

1350.00

**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 59 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>DAVID WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 250 WAGON ROAD		<b>Transaction ID : SA11AI.6030</b>	
City SYLVANIA	State GA	Zip Code 30467	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer WELLS PHARMACY SERVICES	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>CANDACE WEST</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 3494 GARRISON STREET		<b>Transaction ID : SA11AI.6032</b>	
City GADSDEN	State AL	Zip Code 35903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HOKES BLUFF DRUG SHOPPE	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>DIRK WHITE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2013	
Mailing Address 117 GRANITE CREEK		<b>Transaction ID : SA11AI.6035</b>	
City SITKA	State AK	Zip Code 99835	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer WHITE'S PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 60 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LONNY WILSON**

Mailing Address 10424 FOREST MEADOW DRIVE

City State Zip Code  
OKLAHOMA CITY OK 73151

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

Name of Employer Occupation  
PPOA PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2013

**Transaction ID : SA11AI.6037**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 320 HASCALL ROAD NW

City State Zip Code  
ATLANTA GA 30309

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

Name of Employer Occupation  
CONCORD PHARMACY PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2013

**Transaction ID : SA11AI.6042**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. W. LEE YOUNG Jr.**

Mailing Address 113 BRADLEY CREEK CROSSING

City State Zip Code  
SAVANNAH GA 31410

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

Name of Employer Occupation  
SELF-EMPLOYED PERIODONTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11AI.6043**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

88326.96

**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 61 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 ABBOTT PARK RD.  
D312 AP6D-2

City ABBOTT PARK State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11C.5715**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 1300 MORRIS DRIVE  
SUITE 100

City CHESTERBROOK State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11C.5725**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11C.5747**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 62 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BUCHANAN INGERSOLL & ROONEY PC COMMITTEE FOR EFFECTIVE GOVERNMENT 'BIRPC PAC'

Mailing Address ONE OXFORD CENTRE, MILES H. SIMON  
301 GRANT STREET 20TH FLOOR

City PITTSBURGH State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C** C00195388

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11C.5754**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
CONCORDIA POLITICAL ACTION COMMITTEE, INC.

Mailing Address P. O. BOX 232

City ASHBURN State GA Zip Code 31714

FEC ID number of contributing federal political committee. **C** C00450866

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11C.5774**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
INDEPENDENT PHARMACY COOPERATIVE PAC (IPC PAC)

Mailing Address 1550 COLUMBUS STREET

City SUN PRAIRIE State WI Zip Code 53590

FEC ID number of contributing federal political committee. **C** C00508309

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11C.5862**

Amount of Each Receipt this Period  
 2000.00

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

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

4000.00

**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 63 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1301 CONCORD TERRACE

City State Zip Code  
SUNRISE FL 33323

FEC ID number of contributing federal political committee. **C** C00469205

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11C.5912**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RITE AID CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 30 HUNTER LANE

City State Zip Code  
CAMP HILL PA 17011

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11C.5961**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**SUNTRUST BANK GOOD GOVERNMENT GROUP - GEORGIA**

Mailing Address P.O. BOX 4418  
MC 041

City State Zip Code  
ATLANTA GA 30303

FEC ID number of contributing federal political committee. **C** C00009639

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11C.6001**

Amount of Each Receipt this Period  
1000.00

**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 64 OF 103
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WALGREEN CO PAC**

Mailing Address 104 WILMOT ROAD MS #1447

City DEERFIELD State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11C.6023**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**ZENECA INC. POLITICAL ACTION COMMITTEE**

Mailing Address C/O ZENECA INC.  
1800 CONCORD PIKE, PO BOX 15437

City WILMINGTON State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11C.6046**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3500.00

16000.00

**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 65 OF 103
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BUDDY CARTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EARL LEROY CARTER**

Mailing Address 406 PURPLE FINCH DR

City POOLER State GA Zip Code 31322

FEC ID number of contributing federal political committee. **C H4GA01039**

Name of Employer CARTER'S PHARMACY Occupation PHARMACIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**200000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 31 / 2013**

**Transaction ID : SA13A.6214**

Amount of Each Receipt this Period  
**50000.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**50000.00**

**50000.00**

**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 66 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADVERTISING SPECIALTY SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 402 E. MONTGOMERY CROSSROAD		Amount of Each Disbursement this Period 302.12 <b>Transaction ID : SB17.6140</b>
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement CAMPAIGN T-SHIRTS 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 29.20 <b>Transaction ID : SB17.6065</b>
City PHOENIX State AZ Zip Code 85072-3852	Purpose of Disbursement MERCHANT FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.6070</b>
City PHOENIX State AZ Zip Code 85072-3852	Purpose of Disbursement MERCHANT FEES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	339.27
<b>TOTAL</b> 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 67 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 297.35 <b>Transaction ID : SB17.6229</b>
City PHOENIX	State AZ	
Zip Code 85072-3852	Purpose of Disbursement MERCHANT FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.6074</b>
City PHOENIX	State AZ	
Zip Code 85072-3852	Purpose of Disbursement MERCHANT FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 193.60 <b>Transaction ID : SB17.6076</b>
City PHOENIX	State AZ	
Zip Code 85072-3852	Purpose of Disbursement MERCHANT FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	498.90
<b>TOTAL</b> 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 68 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.6079</b>
City PHOENIX	State AZ	Zip Code 85072-3852	
Purpose of Disbursement MERCHANT FEES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 84.41 <b>Transaction ID : SB17.6080</b>
City PHOENIX	State AZ	Zip Code 85072-3852	
Purpose of Disbursement MERCHANT FEES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CAINES HODGES &amp; COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 200 EAST ST. JULIAN STREET STE 603			Amount of Each Disbursement this Period 3432.00 <b>Transaction ID : SB17.6125</b>
City SAVANNAH	State GA	Zip Code 31401	
Purpose of Disbursement ACCOUNTING FEES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3524.36
<b>TOTAL</b> 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 69 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL CAB CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 3341 BENNING ROAD NE		Amount of Each Disbursement this Period 76.00
City WASHINGTON State DC Zip Code 20019	Purpose of Disbursement CAB FARE 002 Category/Type	
Candidate Name		Transaction ID : SB17.6210 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING 003 Category/Type	
Candidate Name		Transaction ID : SB17.6218
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2000.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING 003 Category/Type	
Candidate Name		Transaction ID : SB17.6145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4250.00
<b>TOTAL</b> 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 70 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 3732.42
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISER EXPENSES FOR ATLANTA FUNDRAISER	
Candidate Name	Category/Type 003	Transaction ID : SB17.6144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type 003	Transaction ID : SB17.6216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 190.49
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement INVITATIONS FOR FUNDRAISER AT THE LANDINGS	
Candidate Name	Category/Type 003	Transaction ID : SB17.6133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6172.91
<b>TOTAL</b> 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 71 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.6222</b>
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.6224</b>
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.6226</b>
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6750.00
<b>TOTAL</b> 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 72 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL COAST CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 2250.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6228
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 200 C STREET SE		Amount of Each Disbursement this Period 319.46
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement LODGING Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6172 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JENNIFER CARDELLA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 322 N MAIN STREET		Amount of Each Disbursement this Period 626.40
City HINESVILLE State GA Zip Code 31313	Purpose of Disbursement In-kind - TABLE & CHAIR RENTAL FOR F/R EVENT Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6054
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2876.40
<b>TOTAL</b> 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 73 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MATT CARDELLA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 322 N MAIN STREET		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.6053</b>
City HINESVILLE	State GA Zip Code 31313	
Purpose of Disbursement In-kind - RENTAL OF F/R VENUE & POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CARTER'S PHARMACY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 1017 E. HWY 80 SUITE 10		Amount of Each Disbursement this Period 356.32 <b>Transaction ID : SB17.6127</b>
City POOLER	State GA Zip Code 31322	
Purpose of Disbursement POSTAGE FOR THANK YOU NOTES		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. EARL LEROY CARTER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 406 PURPLE FINCH DR		Amount of Each Disbursement this Period 124.00 <b>Transaction ID : SB17.6221</b>
City POOLER	State GA Zip Code 31322	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type 003
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	730.32
<b>TOTAL</b> 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 74 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHARLIE PALMER STEAK DC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 101 CONSTITUTION AVE NW		Amount of Each Disbursement this Period 40.70
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement MEALS	Transaction ID : SB17.6158
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CATHY COX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address P.O. BOX 409		Amount of Each Disbursement this Period 150.00
City YOUNG HARRIS	State GA	
Zip Code 30582	Purpose of Disbursement In-kind - ROOM RENTAL FOR F/R LUNCHEON	Transaction ID : SB17.6060
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CATHY COX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address P.O. BOX 409		Amount of Each Disbursement this Period 450.00
City YOUNG HARRIS	State GA	
Zip Code 30582	Purpose of Disbursement In-kind - CATERING EXPENSE FOR F/R EVENT	Transaction ID : SB17.6061
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> 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 75 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JASON D'CRUZ</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 76 INMAN CIRCLE NE		Amount of Each Disbursement this Period 334.36 <b>Transaction ID : SB17.6148</b>
City ATLANTA State GA Zip Code 30309	Purpose of Disbursement REIMBURSEMENT: SEE MEMO Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JASON D'CRUZ</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 76 INMAN CIRCLE NE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6234</b>
City ATLANTA State GA Zip Code 30309	Purpose of Disbursement In-kind - ATLANTA FUNDRAISER EXPENSES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DC TAXICAB COMMISSION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 2041 MARTIN LUTHER KING JR		Amount of Each Disbursement this Period 16.77 <b>Transaction ID : SB17.6162</b> <b>[MEMO ITEM]</b>
City WASHINGTON State DC Zip Code 20020	Purpose of Disbursement CAB FARE Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1334.36
<b>TOTAL</b> 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 76 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DC TAXICAB COMMISSION</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 2041 MARTIN LUTHER KING JR			Amount of Each Disbursement this Period 9.05
City WASHINGTON	State DC	Zip Code 20020	
Purpose of Disbursement CAB FARE		Category/ Type 001	Transaction ID : SB17.6164  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. KEVIN DICKENSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 815 EAST 68TH STREET			Amount of Each Disbursement this Period 264.22
City SAVANNAH	State GA	Zip Code 31405	
Purpose of Disbursement In-kind - BEVERAGES FOR F/R EVENT		Category/ Type	Transaction ID : SB17.6062
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 5 W. BROUGHTON STREET			Amount of Each Disbursement this Period 35.31
City SAVANNAH	State GA	Zip Code 31401	
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : SB17.6151  [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.22
<b>TOTAL</b> 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 77 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6082</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6084</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6095</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2268.36
<b>TOTAL</b> 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 78 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6086</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6089</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PHILLIP FORDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 75 JOHN WESLEY DOBBS AVE		Amount of Each Disbursement this Period 756.12 <b>Transaction ID : SB17.6091</b>
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2268.36
<b>TOTAL</b> 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 79 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GEORGIA DEPARTMENT OF LABOR</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 189.38 <b>Transaction ID : SB17.6143</b>
City ATLANTA State GA Zip Code 30374-0234	Purpose of Disbursement PAYROLL TAX DEPOSIT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GEORGIA DEPARTMENT OF REVENUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 133.24 <b>Transaction ID : SB17.6098</b>
City ATLANTA State GA Zip Code 30374	Purpose of Disbursement PAYROLL TAX DEPOSIT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GEORGIA DEPARTMENT OF REVENUE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 165.22 <b>Transaction ID : SB17.6111</b>
City ATLANTA State GA Zip Code 30374	Purpose of Disbursement PAYROLL TAX EXPENSE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	487.84
<b>TOTAL</b> 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 80 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GEORGIA DEPARTMENT OF REVENUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address P.O. BOX 740234			Amount of Each Disbursement this Period 411.73 <b>Transaction ID : SB17.6110</b>
City ATLANTA	State GA	Zip Code 30374	
Purpose of Disbursement PAYROLL TAX DEPOSIT		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GLOBAL PAY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 255 GOLD RIVERS CT. FL 3			Amount of Each Disbursement this Period 260.93 <b>Transaction ID : SB17.6068</b>
City BASALT	State CO	Zip Code 81621	
Purpose of Disbursement MERCHANT FEES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GLOBAL PAY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 255 GOLD RIVERS CT. FL 3			Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.6071</b>
City BASALT	State CO	Zip Code 81621	
Purpose of Disbursement MERCHANT FEES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	411.73
<b>TOTAL</b> 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 81 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GLOBAL PAY</b>		Date of Disbursement
Mailing Address 255 GOLD RIVERS CT. FL 3		M M / D D / Y Y Y Y 11 / 04 / 2013
City BASALT	State CO	Zip Code 81621
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 442.43	
Candidate Name	Transaction ID : SB17.6073	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GLOBAL PAY</b>		Date of Disbursement
Mailing Address 255 GOLD RIVERS CT. FL 3		M M / D D / Y Y Y Y 12 / 03 / 2013
City BASALT	State CO	Zip Code 81621
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 10.00	
Candidate Name	Transaction ID : SB17.6077	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GLOBAL PAY</b>		Date of Disbursement
Mailing Address 255 GOLD RIVERS CT. FL 3		M M / D D / Y Y Y Y 12 / 03 / 2013
City BASALT	State CO	Zip Code 81621
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 69.18	
Candidate Name	Transaction ID : SB17.6078	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	521.61
<b>TOTAL</b> 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 82 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GORDON BIRSCH</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013		
Mailing Address 1 AVIATION CIRCLE			Amount of Each Disbursement this Period 10.84		
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.6168  [MEMO ITEM]		
Purpose of Disbursement MEAL		Category/ Type 002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. LEE HUGHES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013		
Mailing Address 2 ELIZABETH CIR.			Amount of Each Disbursement this Period 479.75		
City SAVANNAH	State GA	Zip Code 31406	Transaction ID : SB17.6157		
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type 003			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. KATRINA BARROW</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013		
Mailing Address 507 ST. JOHN'S ROAD			Amount of Each Disbursement this Period 175.00		
City HINESVILLE	State GA	Zip Code 31313	Transaction ID : SB17.6122		
Purpose of Disbursement DESIGN FEE FOR HINESVILLE FUNDRAISER		Category/ Type 007			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	654.75
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 83 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LANDMARK COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 5745.90
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement INSTALLATION & SETUP OF EMAIL MARKETING SYSTEM 003 Category/Type	
Candidate Name		Transaction ID : SB17.6136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LANDMARK COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 5682.00
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement SOCIAL MEDIA/INTERNET CONSULTING 004 Category/Type	
Candidate Name		Transaction ID : SB17.6124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LANDMARK COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 2000.00
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement POLLING AND STRATEGIC PLANNING 005 Category/Type	
Candidate Name		Transaction ID : SB17.6121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13427.90
<b>TOTAL</b> 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 84 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MONROE MARKETING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address P.O. BOX 14558		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.6146</b>
City SAVANNAH State GA Zip Code 31416	Purpose of Disbursement ADVERTISING RESEARCH & VIDEO Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OPTIM HEALTH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 210 EAST DERENNE AVENUE		Amount of Each Disbursement this Period 291.36 <b>Transaction ID : SB17.6208</b>
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement ROOM RENTAL & REFRESHMENTS FOR FUNDRAISER Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 8724 FORD AVENUE		Amount of Each Disbursement this Period 67.50 <b>Transaction ID : SB17.6175</b>
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement GAS Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1308.86
<b>TOTAL</b> 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 85 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 10 GODLEY STATION BLVD.		Amount of Each Disbursement this Period 52.95 <b>Transaction ID : SB17.6179</b>
City POOLER State GA Zip Code 31322	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 8724 FORD AVENUE		Amount of Each Disbursement this Period 71.25 <b>Transaction ID : SB17.6188</b>
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 8724 FORD AVENUE		Amount of Each Disbursement this Period 68.75 <b>Transaction ID : SB17.6189</b>
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	192.95
<b>TOTAL</b> 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 86 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 8724 FORD AVENUE		Amount of Each Disbursement this Period 62.15 <b>Transaction ID : SB17.6184</b>
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 10 GODLEY STATION BLVD.		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.6190</b>
City POOLER State GA Zip Code 31322	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 8724 FORD AVENUE		Amount of Each Disbursement this Period 54.25 <b>Transaction ID : SB17.6191</b>
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement GAS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	166.40
<b>TOTAL</b> 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 87 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 8724 FORD AVENUE			Amount of Each Disbursement this Period 58.60	
City RICHMOND HILL	State GA	Zip Code 31324	Transaction ID : SB17.6192	
Purpose of Disbursement GAS		Category/ Type 002		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. PARKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 8724 FORD AVENUE			Amount of Each Disbursement this Period 53.85	
City RICHMOND HILL	State GA	Zip Code 31324	Transaction ID : SB17.6193	
Purpose of Disbursement GAS		Category/ Type 002		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. PARKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 8724 FORD AVENUE			Amount of Each Disbursement this Period 64.30	
City RICHMOND HILL	State GA	Zip Code 31324	Transaction ID : SB17.6194	
Purpose of Disbursement GAS		Category/ Type 002		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	176.75
<b>TOTAL</b> 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 88 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 10 GODLEY STATION BLVD.			Amount of Each Disbursement this Period 45.60
City POOLER	State GA	Zip Code 31322	
Purpose of Disbursement GAS	Candidate Name		<b>Transaction ID : SB17.6199</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) <b>B. PARKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 10 GODLEY STATION BLVD.			Amount of Each Disbursement this Period 68.80
City POOLER	State GA	Zip Code 31322	
Purpose of Disbursement GAS	Candidate Name		<b>Transaction ID : SB17.6201</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) <b>C. SAVANNAH AIRPORT COMMISSION</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 400 AIRWAYS AVENUE			Amount of Each Disbursement this Period 24.00
City SAVANNAH	State GA	Zip Code 31408	
Purpose of Disbursement PARKING	Candidate Name		<b>Transaction ID : SB17.6165</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	114.40
<b>TOTAL</b> 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 89 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SAVANNAH AIRPORT COMMISSION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 400 AIRWAYS AVENUE		Amount of Each Disbursement this Period 48.00
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement PARKING 002 Category/Type	
Candidate Name		Transaction ID : SB17.6138 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SHERATON - WDW DOLPHIN RESORT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1500 EPCOT RESORT BLVD.		Amount of Each Disbursement this Period 2234.20
City LAKE BUENA VISTA State FL Zip Code 32830	Purpose of Disbursement CAMPAIGN FUNDRAISER AT NAT'L PHARMACY CONVENTION 003 Category/Type	
Candidate Name		Transaction ID : SB17.6187
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SIMONS &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 127 SWEET BAILEY COVE		Amount of Each Disbursement this Period 1812.34
City SAVANNAH State GA Zip Code 31410	Purpose of Disbursement PRINTED INVITATIONS 003 Category/Type	
Candidate Name		Transaction ID : SB17.6130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4046.54
<b>TOTAL</b> 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 90 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 1915 E. VICTORY SQUARE DRIVE		Amount of Each Disbursement this Period 38.51
City SAVANNAH State GA Zip Code 31404	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : SB17.6156 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 460 AIRWAYS AVENUE		Amount of Each Disbursement this Period 7.91
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement MEAL Category/Type 002	
Candidate Name		Transaction ID : SB17.6170 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUN CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 1029 NEW JERSEY AVE SE		Amount of Each Disbursement this Period 18.72
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CAB FARE Category/Type 002	
Candidate Name		Transaction ID : SB17.6160 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 91 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE COASTAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address PO BOX 9585		Amount of Each Disbursement this Period 64.37
City SAVANNAH State GA Zip Code 31412-9585	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.6198</b>

Full Name (Last, First, Middle Initial) <b>B. THE COASTAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address PO BOX 9585		Amount of Each Disbursement this Period 70.40
City SAVANNAH State GA Zip Code 31412-9585	Purpose of Disbursement BANK FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.6202</b>

Full Name (Last, First, Middle Initial) <b>C. TLC RENTS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1570 SOUTHLAND CIRCLE NW		Amount of Each Disbursement this Period 216.82
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement RENTAL EQUIPMENT FOR ATLANTA FUNDRAISER Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.6238</b> <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	134.77
<b>TOTAL</b> 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 92 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TOWER PACKAGE STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 2161 PIEDMONT ROAD NE		Amount of Each Disbursement this Period 117.54
City ATLANTA State GA Zip Code 30324	Purpose of Disbursement REFRESHMENTS FOR ATLANTA FUNDRAISER Category/Type 003	
Candidate Name		Transaction ID : SB17.6240 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TUNE INN INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 331 1/2 PENNSYLVANIA AVE		Amount of Each Disbursement this Period 24.30
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEAL Category/Type 002	
Candidate Name		Transaction ID : SB17.6166 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES TREASURY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 807.48
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement PAYROLL TAX DEPOSIT Category/Type 001	
Candidate Name		Transaction ID : SB17.6101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	807.48
<b>TOTAL</b> 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 93 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES TREASURY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 970.04 <b>Transaction ID : SB17.6112</b>
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement PAYROLL TAX DEPOSIT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES TREASURY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 846.74 <b>Transaction ID : SB17.6120</b>
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement PAYROLL TAX DEPOSIT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 265.80 <b>Transaction ID : SB17.6096</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRLINE TICKET Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2082.80
<b>TOTAL</b> 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 94 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 513.10 <b>Transaction ID : SB17.6103</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRLINE TICKETS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 513.10 <b>Transaction ID : SB17.6105</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRLINE TICKET 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 551.60 <b>Transaction ID : SB17.6106</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRLINE TICKETS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1577.80
<b>TOTAL</b> 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 95 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 551.60 <b>Transaction ID : SB17.6107</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRLINE TICKETS 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address TELFAIR SQUARE		Amount of Each Disbursement this Period 115.00 <b>Transaction ID : SB17.6135</b>
City SAVANNAH State GA Zip Code 31401-9991	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SARAH J VARDIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 650.76 <b>Transaction ID : SB17.6081</b>
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1317.36
<b>TOTAL</b> 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 96 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SARAH J VARDIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013		
Mailing Address 1106 DRAYTON			Amount of Each Disbursement this Period 24.63		
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.6093		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SARAH J VARDIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013		
Mailing Address 1106 DRAYTON			Amount of Each Disbursement this Period 571.76		
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.6083		
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SARAH J VARDIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013		
Mailing Address 1106 DRAYTON			Amount of Each Disbursement this Period 14.12		
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.6094		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	610.51
<b>TOTAL</b> 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 97 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SARAH J VARDIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 14.12 <b>Transaction ID : SB17.6085</b>
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SARAH J VARDIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 517.28 <b>Transaction ID : SB17.6092</b>
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SARAH J VARDIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 414.81 <b>Transaction ID : SB17.6087</b>
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	946.21
<b>TOTAL</b> 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 98 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SARAH J VARDIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 1106 DRAYTON			Amount of Each Disbursement this Period 411.04	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.6088	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SARAH J VARDIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 1106 DRAYTON			Amount of Each Disbursement this Period 294.31	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.6090	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROBERT VAUGHT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 306C MCALPIN DRIVE			Amount of Each Disbursement this Period 486.34	
City SAVANNAH	State GA	Zip Code 31406	Transaction ID : SB17.6064	
Purpose of Disbursement In-kind - CATERING & ROOM RENTAL FOR F/R EVENT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1191.69
<b>TOTAL</b> 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 99 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WALGREEN'S</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 1399 NEW YORK AVENUE SUITE 725		Amount of Each Disbursement this Period 598.30
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement ROOM RENTAL & CATERING FOR FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6115
State: District:	Category/Type 003	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	598.30
<b>TOTAL</b> This Period (last page this line number only).....	62653.89

**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 : SC/10.4216

**BUDDY CARTER FOR CONGRESS**

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

*[PERSONAL FUNDS]*

Election: 2014

**EARL LEROY CARTER**

Primary  
 General  
 Other (specify) ▼

Mailing Address

406 PURPLE FINCH DR

City

State

ZIP Code

POOLER

GA

31322

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 04 / D 30 / Y 2013

Date Due

M / D / Y 12/1/2015

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

50000.00

**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 : SC/10.4765

**BUDDY CARTER FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2014

**EARL LEROY CARTER**

Primary  
 General  
 Other (specify) ▼

Mailing Address

406 PURPLE FINCH DR

City

State

ZIP Code

POOLER

GA

31322

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 28 / 2013

Date Due

M M / D D / Y Y Y Y  
12/1/2015

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

50000.00

**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) **BUDDY CARTER FOR CONGRESS** Transaction ID : **SC/10.5285**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**EARL LEROY CARTER**  Primary  
 Mailing Address 406 PURPLE FINCH DR  General  
 Other (specify) ▼

City State ZIP Code  
 POOLER GA 31322

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 09 / D 30 / Y 2013	Date Due M M / D D / Y 12/1/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-------------------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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