

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CARLTON H HODGES

Signature of Treasurer CARLTON H HODGES

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	248569.17	1089851.11
(b) Total Contribution Refunds (from Line 20(d))	0.00	2150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	248569.17	1087701.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	580782.72	1466453.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	77.08	77.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	580705.64	1466376.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	98562.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000.00	

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).....	89359.17	689224.11
(ii) Unitemized.....	4610.00	56529.00
(iii) TOTAL of contributions from individuals ▶	93969.17	745753.11
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	154600.00	344098.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	248569.17	1089851.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	200000.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	77.08	77.08
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	4293.25
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	448646.25	1594221.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	580782.72	1466453.38
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	1400.00
(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	2150.00
21. OTHER DISBURSEMENTS	0.00	27056.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	580782.72	1495659.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	230698.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	448646.25
25. SUBTOTAL (add Line 23 and Line 24).....	679344.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	580782.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	98562.04

**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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
BRAD ALEXANDER

Mailing Address 412 PONCE DE LEON PLACE

City State Zip Code
DECATUR GA 30030

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

Name of Employer Occupation
MCGUIRE WOODS CONSULTING SR. VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2014

Transaction ID : SA11A1.8714

Amount of Each Receipt this Period
250.00

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

Mailing Address 5021 WAPLE LANE

City State Zip Code
ALEXANDRIA VA 22304

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

Name of Employer Occupation
KIA GOVT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11A1.9143

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
J.L. ARNOLD

Mailing Address 325 KUWE TRAIL

City State Zip Code
HINESVILLE GA 31313

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

Name of Employer Occupation
ARNOLD & STAFFORD ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11A1.9145

Amount of Each Receipt this Period
1000.00

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 6 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN P BAKER		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 1125 KELLY DR.		Transaction ID : SA11AI.9146	
City HINESVILLE	State GA	Zip Code 31313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer HAPPY ACRES LLC	Occupation CEO / PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. CLARK BALCOM		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 17520 W. 157TH TERRACE		Transaction ID : SA11AI.8718	
City OLATHE	State KS	Zip Code 66062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PBA HEALTH	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. MATHEW BARROW		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 507 ST. JOHN'S ROAD		Transaction ID : SA11AI.9150	
City HINESVILLE	State GA	Zip Code 31313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer PC SIMONTON & ASSOC.	Occupation ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL 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 7 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address P.O. BOX 7707

City SAVANNAH State GA Zip Code 31418

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

Name of Employer COASTAL LOGISTICS GRP. Occupation OWNER/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.9148

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICKY BEARDEN

Mailing Address 406 SHANE LANE

City RAINBOW CITY State AL Zip Code 35906

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

Name of Employer RICK'S DRUGS Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
425.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. BOX 1396

City BRUNSWICK State GA Zip Code 31521

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

Name of Employer BISHOP LAW FIRM Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8629

Amount of Each Receipt this Period
1000.00

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 8 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLIS BLACK

Mailing Address 5892 JUMPING GULLY RD.

City VALDOSTA State GA Zip Code 31601

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

Name of Employer STATE OF GA. Occupation SENATOR

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8725

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
LANCE P. BOLES

Mailing Address 17 AZALEA DRIVE

City HARTWELL State GA Zip Code 30643

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

Name of Employer HARTWELL DRUGS Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8727

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
JERRY BOVENIZER

Mailing Address 1015 DOGWOOD LANE

City BLUEFIELD State WV Zip Code 24701

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST, NCPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.8728

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 9 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LARRY L. BRADEN

Mailing Address 4314 11TH STREET

City State Zip Code
ST. SIMONS ISLAND GA 31522

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

Name of Employer Occupation
LACEY DRUG CO. PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.8730

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BILL BREWSTER

Mailing Address P.O. BOX 368

City State Zip Code
MARIETTA OK 73448

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

Name of Employer Occupation
TEXAS TROPHY CLUB RANCH, LP OWNER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8731

Amount of Each Receipt this Period
200.00

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

Mailing Address P.O. BOX 888

City State Zip Code
MARMORA NJ 08223

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

Name of Employer Occupation
VILLAGE PHARMACY PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.8732

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 10 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GRANT BUCKLEY

Mailing Address P.O. BOX 21783

City State Zip Code
ST. SIMONS ISLAND GA 31522

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

Name of Employer Occupation
THE JORDAN FIRM ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MITCHELL BUSH

Mailing Address 340 EISENHOWER DR.

City State Zip Code
SAAVANNAH GA 31406

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

Name of Employer Occupation
BUSH INSURANCE AGENCY INS. AGENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.8741

Amount of Each Receipt this Period
250.00

C. 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
876.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.9152

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 11 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. 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
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.9153

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JUSTINE CARR

Mailing Address 935 HAMMOND ST.

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
STEWARD HEALTH CARE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
A. CARTER CLEMENTS Jr.

Mailing Address P.O. BOX 1388

City State Zip Code
RHINE GA 31077

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

Name of Employer Occupation
RHINE DRUG CO. 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
07 / 24 / 2014

Transaction ID : SA11AI.8747

Amount of Each Receipt this Period
200.00

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

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

2950.00

**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 12 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CARTER CLEMENTS Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address P.O. BOX 1388		Transaction ID : SA11AI.9155	
City RHINE	State GA	Zip Code 31077	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RHINE DRUG CO.	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

Full Name (Last, First, Middle Initial) B. HENRY COBB III		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 150 TARA PLACE		Transaction ID : SA11AI.8748	
City ATHENS	State GA	Zip Code 30605	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer EMERITUS	Occupation CLINICAL PROFESSOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. JOHN M COLEMAN		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address 34 EAST 53RD STREET		Transaction ID : SA11AI.8749	
City SAVANNAH	State GA	Zip Code 31405-3309	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BONITZ OF GEORGIA INC	Occupation VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1350.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JASON CONLEY

Mailing Address 15 HIBERNIA RD.

City SAVANNAH State GA Zip Code 31411

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

Name of Employer VILLAGE WALK PHARMACY Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PATRICK CONN

Mailing Address 242 LAUREL LANDING BLVD.

City KINGSLAND State GA Zip Code 31548

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

Name of Employer UNITED 1ST FED. CREDIT UNION Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
JOHN M CONSIDINE Jr.

Mailing Address 3 MODENA ISLAND DRIVE

City SAVANNAH State GA Zip Code 31411

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

Name of Employer COASTAL IMAGING Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.8752

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 14 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LONNIE CRAFT

Mailing Address P.O. BOX 126

City State Zip Code
PLAIN CITY OH 43064

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

Name of Employer Occupation
PLAIN CITY DRUGGIST PHARMACIST, NCPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.8753

Amount of Each Receipt this Period
500.00

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) Runoff

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.8754

Amount of Each Receipt this Period
100.00

C. 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) Runoff

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) KEVIN F CURTIN		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 423 GEORGIA AVE SE		Transaction ID : SA11AI.8756	
City ATLANTA	State GA	Amount of Each Receipt this Period 150.00	
Zip Code 30312			
FEC ID number of contributing federal political committee. C			
Name of Employer AT&T	Occupation REGIONAL VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) GARY DALEY		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 611 CROWN COLONY DR.		Transaction ID : SA11AI.8757	
City ARLINGTON	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76006			
FEC ID number of contributing federal political committee. C			
Name of Employer RANDOL MILL PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) WILLIAM DANIEL Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 22 MULBERRY BLUFF DRIVE		Transaction ID : SA11AI.9160	
City SAVANNAH	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 31406			
FEC ID number of contributing federal political committee. C			
Name of Employer VADEN AUTOMOTIVE GROUP	Occupation VP & GENERAL COUNSEL		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL 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 16 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address P.O. BOX 30609

City SAVANNAH State GA Zip Code 31410

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

Name of Employer PRIME OCEAN Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2014

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period
 500.00

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

Mailing Address P.O. BOX 494

City METAIRIE State LA Zip Code 70004

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

Name of Employer ELBA MEDICAL DISTRIBUTORS Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8761

Amount of Each Receipt this Period
 250.00

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

Mailing Address 215 ALLEGHENY AVENUE

City OAKMONT State PA Zip Code 15139

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

Name of Employer JOSEPH DIMATTEO INC Occupation PHARMACIST/CLINICAL NUTRITIONIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8647

Amount of Each Receipt this Period
 1000.00

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 17 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RENEE DIMATTEO

Mailing Address 2165 HAYMAKER RD.

City State Zip Code
MONROEVILLE PA 15146

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

Name of Employer Occupation
JOSEPH DIMATTEO, INC. PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.8763

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY DITTENHOEFER

Mailing Address 12 ALEXANDER BLVD.

City State Zip Code
POUGHKEEPSIE NY 12603

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

Name of Employer Occupation
SMITH ST. PHARMACY PHARMACIST, NCPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8765

Amount of Each Receipt this Period
500.00

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

Mailing Address 107 GATEWAY CENTER CIRCLE

City State Zip Code
BRUNSWICK GA 31525

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

Name of Employer Occupation
DIXON MANAGEMENT CORP. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8767

Amount of Each Receipt this Period
500.00

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 18 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLAUDE DRYDEN

Mailing Address 101 W. COURT STREET

City HINESVILLE State GA Zip Code 31313

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

Name of Employer DRYDEN ENTERPRISE INC Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.9161

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
J. ASHLEY DUKES

Mailing Address 104 STRACHAN LANE

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

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

Name of Employer DUKES DRUGS INC. Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8768

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
REED DULANY III

Mailing Address 4 W. TAYLOR ST.

City SAVANNAH State GA Zip Code 31401

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

Name of Employer DULANY IND. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11AI.8243

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

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 19 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REED DULANY III

Mailing Address 4 W. TAYLOR ST.

City SAVANNAH State GA Zip Code 31401

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

Name of Employer DULANY IND. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11AI.9450

Amount of Each Receipt this Period
 -1000.00

Redesignate:
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
REED DULANY III

Mailing Address 4 W. TAYLOR ST.

City SAVANNAH State GA Zip Code 31401

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

Name of Employer DULANY IND. 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
 07 / 31 / 2014

Transaction ID : SA11AI.9451

Amount of Each Receipt this Period
 1000.00

Redesignate:
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ELLEN DUNN

Mailing Address P.O. BOX 31052

City SEA ISLAND State GA Zip Code 31561

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period
 500.00

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

TOTAL 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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANTONY EASON

Mailing Address 151 ROSE DR.

City State Zip Code
LAWNDALE NC 28090

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

Name of Employer Occupation
TAS DRUG PHARMACIST, AAP MEMB

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11AI.9162

Amount of Each Receipt this Period
750.00

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

Mailing Address 1202 ESSEX MANOR CT.

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
SELF-EMPLOYED GOV'T RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.9163

Amount of Each Receipt this Period
500.00

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

Mailing Address 232 EAST BROAD STREET

City State Zip Code
WINDER GA 30680

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

Name of Employer Occupation
FARMERS PRESCRIPTION SHOP PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2014

Transaction ID : SA11AI.8775

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 21 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEAL FLORENCE

Mailing Address P.O. BOX 791

City LAFAYETTE State GA Zip Code 30728

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

Name of Employer MEDI-THRIFT Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8778

Amount of Each Receipt this Period
500.00

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

Mailing Address 1303 LAKEWOOD DR.

City BAINBRIDGE State GA Zip Code 39819

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11AI.8779

Amount of Each Receipt this Period
500.00

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

Mailing Address 501 LAKEVIEW DR.

City RINCON State GA Zip Code 31326

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

Name of Employer TRACY DURHAM DDS Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period
500.00

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 22 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARC FRIDAY

Mailing Address 7 LONGSTREET LN

City SAVANNAH State GA Zip Code 31411

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

Name of Employer PLANTERS INN Occupation GEN. MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11AI.8783

Amount of Each Receipt this Period
100.00

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

Mailing Address 38017 W. MEADOWHILL LN.

City NORTHVILLE State MI Zip Code 48167

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

Name of Employer RUSSELL'S PHARMACY Occupation OWNER/PRESIDENT/NCPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
REES GIBSON

Mailing Address 2310 CHEROKEE ST.

City WAYCROSS State GA Zip Code 31503

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

Name of Employer GIBSON'S HOME STORE Occupation RETAIL FURNITURE

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period
250.00

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

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

650.00

**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 23 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN GIROUX

Mailing Address 9034 RIDGE ROAD

City State Zip Code
GASPORT NY 14067

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MIDDLEPORT FAMILY HEALTH CTR PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period

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

Mailing Address 3290 NORTHSIDE PKWY, NW

City State Zip Code
ATLANTA GA 31327

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period

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

Mailing Address P.O. BOX 898

City State Zip Code
BRUNSWICK GA 31521

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GOUGH FIRM ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9165

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK GRAINGER

Mailing Address 107 HEATHER LYNN LANE

City RINCON State GA Zip Code 31326

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

Name of Employer GRAINGER HONDA Occupation SALES EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11A1.8794

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 7267

City GARDEN CITY State GA Zip Code 31408

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

Name of Employer GRAINGER HONDA Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : SA11A1.8795

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1109 HWY 19 NORTH

City THOMASTON State GA Zip Code 30286

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11A1.8803

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 25 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 1109 HWY 19 NORTH

City THOMASTON State GA Zip Code 30286

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.9199

Amount of Each Receipt this Period
100.00

B. 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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9200

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GARY GROVE

Mailing Address 4475 S. STATE RT. J

City ROGERSVILLE State MO Zip Code 65742

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

Name of Employer GROVE PROFESSIONAL PHARMACY Occupation PHARMACIST, NCPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8804

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: PAGE 26 OF 158
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JASON HALLIBURTON

Mailing Address 363 E LAKE PLACE

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
JONATHAN HARRIS

Mailing Address 334 K'VILLE

City State Zip Code
SCREVEN GA 31560

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

Name of Employer Occupation
GREENVIEO FARM NO.2 FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period
500.00

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

Mailing Address 45 ISLAND DRIVE

City State Zip Code
SAVANNAH GA 31406

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

Name of Employer Occupation
SOUTH STATE BANK EXECUTIVE VICE PRES.

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8819

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 158
	<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	

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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) Runoff

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.8665

Amount of Each Receipt this Period
1000.00

B. 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) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.8628

Amount of Each Receipt this Period
1000.00

C. 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) Runoff

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE HOLTZMAN

Mailing Address 801 FOREST ST.

City State Zip Code
HINESVILLE GA 31313

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

Name of Employer Occupation
COLDWELL BANKER REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9201

Amount of Each Receipt this Period
750.00

B. 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) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8825

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRUCE W. HUNT

Mailing Address 1601 ELM STREET
STE. 3400

City State Zip Code
DALLAS TX 75201

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

Name of Employer Occupation
PETRO HUNT LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period
2600.00

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

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

3600.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARTER W. HUNT

Mailing Address 1601 ELM STREET
STE. 3400

City DALLAS State TX Zip Code 75201

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

Name of Employer PETRO HUNT LLC Occupation BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11A1.8661

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CASEY HUNT

Mailing Address 3705 SOUTHWESTERN BLVD.

City DALLAS State TX Zip Code 75225

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

Name of Employer PETRO-HUNT Occupation PETROLEUM LANDMAN

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11A1.8826

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID S. HUNT

Mailing Address 1601 ELM STREET
STE 3400

City DALLAS State TX Zip Code 75201

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

Name of Employer PETRO HUNT LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11A1.8657

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

**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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOUG HUNT

Mailing Address 1601 ELM STREET
STE 3400

City DALLAS State TX Zip Code 75201

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

Name of Employer PETROHUNT INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.8828

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH HUNT

Mailing Address 3921 HANOVER ST.

City DALLAS State TX Zip Code 75225

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARGARET HUNT

Mailing Address 4320 BELCLAIRE AVENUE

City DALLAS State TX Zip Code 75205

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period
2600.00

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 31 OF 158
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARSHALL T. HUNT

Mailing Address 1601 ELM STREET
STE 3400

City DALLAS State TX Zip Code 75201

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

Name of Employer PETRO HUNT LLC Occupation BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
W.H. HUNT

Mailing Address 1601 ELM STREET
STE 3400

City DALLAS State TX Zip Code 75201

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

Name of Employer PETRO HUNT Occupation ADVISOR

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BILL HUNTER

Mailing Address 218 W. STATE ST.

City SAVANNAH State GA Zip Code 31401

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

Name of Employer OLIVER MANER Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.8832

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 2260 48TH STREET WEST

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
HURT, NORTON & ASSOC. CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.9202

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WARREN HUTTO

Mailing Address 923 WAYNE ST.

City State Zip Code
WAYNESBORO MS 39367

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

Name of Employer Occupation
LAB DISCOUNT DRUGS PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.8834

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WALLACE JARREL

Mailing Address 1275 HUB JARREL RD.

City State Zip Code
COLLINS GA 30421

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.8835

Amount of Each Receipt this Period
500.00

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

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

1600.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CARY DALE JOHNSON		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 930 BRYANT RD.		Transaction ID : SA11Al.8836	
City BOAZ	State AL	Zip Code 35956	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BOAZ DISCOUNT DRUGS	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. T.J. JOHNSRUD		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 114 OAKWOOD DR.		Transaction ID : SA11Al.8838	
City CONRAD	State IA	Zip Code 50621	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NUCARA PHARMACY	Occupation PHARMACIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) C. WILLIAM JOHNSTON		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 329 COMMERCIAL DRIVE STE 110		Transaction ID : SA11Al.8633	
City SAVANNAH	State GA	Zip Code 31406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NORSOUTH CORP	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL 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 34 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BILL JONES III

Mailing Address 100 CLOISTER DRIVE

City SEA ISLAND State GA Zip Code 31561

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

Name of Employer SEA ISLAND COMPANY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11A1.9401

Amount of Each Receipt this Period
 1184.17

In-kind - FUNDRAISER VENUE

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

Mailing Address 6243 TALLPINE DRIVE

City BLACKSHEAR State GA Zip Code 31516

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

Name of Employer FLASH FOODS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11A1.8649

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2258 SUMNER CT. NE

City CONYERS State GA Zip Code 30012

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

Name of Employer MEDICINE-ON-TIME Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11A1.8839

Amount of Each Receipt this Period
 1000.00

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

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

3184.17

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

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

FOR LINE NUMBER: PAGE 35 OF 158
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 5 SPRING MARSH CIR

City SAVANNAH State GA Zip Code 31411

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2014

Transaction ID : SA11AI.8840

Amount of Each Receipt this Period
 2600.00

7700.00

B. Full Name (Last, First, Middle Initial)
HAROLD KEMP

Mailing Address P.O. BOX 803

City CLAXTON State GA Zip Code 30417

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

Name of Employer SELF-EMPLOYED Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8842

Amount of Each Receipt this Period
 500.00

750.00

C. Full Name (Last, First, Middle Initial)
CHOL KIM

Mailing Address 435 WILLOW OAK LANE

City HINESVILLE State GA Zip Code 31313

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

Name of Employer PIRKLE LAW Occupation LEGAL ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9203

Amount of Each Receipt this Period
 250.00

250.00

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

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

3350.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES KING

Mailing Address **248 WYNTHORPE WAY**

City **DOUGLASVILLE** State **GA** Zip Code **30134**

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

Name of Employer **LITHIA SPRINGS PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11A1.8843

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
JULIA KLINGENBECK

Mailing Address **2450 HUNTING VALLEY DR.**

City **DECATUR** State **GA** Zip Code **30033**

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

Name of Employer **CARMICHAELS VITAL CARE PHARMAC** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11A1.8844

Amount of Each Receipt this Period
500.00

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

Mailing Address **45 TIDEWATER WAY**

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

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

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

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
07 / 29 / 2014

Transaction ID : SA11A1.8850

Amount of Each Receipt this Period
1000.00

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

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

1700.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYMOND P. LAMBERT JR.

Mailing Address 1409 HWY 42 S

City MCDONOUGH State GA Zip Code 30252

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

Name of Employer THE LAMBERT CO. Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
KEITH LANDRY

Mailing Address 17 OAKCREST DR. EAST

City SAVANNAH State GA Zip Code 31405

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

Name of Employer FED SERVICE INC. Occupation DIR. OF OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8852

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2467 DEMERE ROAD

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

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

Name of Employer COASTAL CPAS LLC Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11AI.8855

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 38 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAMELA G. LOSSING

Mailing Address 1 BEARD CREEK LANE

City SAVANNAH State GA Zip Code 31410

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

Name of Employer METRO PROPERTIES Occupation REAL ESTATE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.8860

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
SYBIL LYNN

Mailing Address 27 EAGLE DR.

City JESUP State GA Zip Code 31546

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

Name of Employer SYBIL'S RESTAURANT Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1125.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11AI.8861

Amount of Each Receipt this Period
1000.00

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

Mailing Address 105 E. MAIN ST.

City ASHVILLE State OH Zip Code 43103

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

Name of Employer CIRCLEVILLE APOTHECARY Occupation OWNER & PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period
100.00

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

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

1300.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. 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) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.8863

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) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8864

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SACK MARCUS

Mailing Address 898 JERICO MARSH DR.

City MIDWAY State GA Zip Code 31320

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

Name of Employer SIMONTON & ASSOCIATES, PC Occupation ENGINEER

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
 09 / 25 / 2014

Transaction ID : SA11AI.9250

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 40 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEVAN MATHURA

Mailing Address 6174 LOUISE COVE DR.

City WINDERMERE State GA Zip Code 34786

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

Name of Employer SUPER SAVER PHARMACY Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8865

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MACK MATTINGLY

Mailing Address 4315 TENTH ST. EAST BEACH

City ST. SIMONS ISLAND State GA Zip Code 31522

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8867

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SCOTT MAXWELL

Mailing Address 3001 SEXTON CT.

City CONYERS State GA Zip Code 30013

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

Name of Employer SELF-EMPLOYED Occupation GOVT AFFAIRS CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2014

Transaction ID : SA11AI.8869

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 41 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAMUEL MCCACHERN

Mailing Address 116 WEST GASTON ST.

City SAVANNAH State GA Zip Code 31401

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

Name of Employer THOMAS & HUTTON Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11AI.8870

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LYNN MCNATT

Mailing Address 1910 LOOP RD.

City VIDALIA State GA Zip Code 30474

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

Name of Employer HUGH MCNATT, P.C. Occupation SECRETARY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.9207

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 467

City ELK CITY State OK Zip Code 73648

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

Name of Employer PAUL JONES DRUGS Occupation DPH

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8872

Amount of Each Receipt this Period
50.00

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

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

1550.00

**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 42 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 6701 HARFORD RD.

City State Zip Code
PARKVILLE MD 21234

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

Name of Employer Occupation
NORTHERN PHARMACY & MED. EQUIP CEO

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.8878

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KEITH MITCHELL

Mailing Address 100 LEGION ST.

City State Zip Code
KENNETT MO 63857

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
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11AI.8879

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
HUNTER MOORHEAD

Mailing Address 606 CRESTWOOD DR.

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer Occupation
CROSSROADS STRATEGIES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.9211

Amount of Each Receipt this Period
250.00

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

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

1550.00

**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 43 OF 158	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
G. PHILIP MORGAN III

Mailing Address 104 LOYER LANE

City SAVANNAH State GA Zip Code 31406

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

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8882

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
HENRY S. MORGAN

Mailing Address 4 BRANSBY DRIVE

City SAVANNAH State GA Zip Code 31406

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.8881

Amount of Each Receipt this Period
500.00

C. 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9225

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 44 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS PASTERNAK

Mailing Address 202 ROCK ST.

City FALL RIVER State MA Zip Code 02720

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

Name of Employer WALSH PHARMACY Occupation PHARMACIST, NCPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8890

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JITENDRA PATEL

Mailing Address 100 MARSH HAREN DR.

City KINGSLAND State GA Zip Code 31548

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

Name of Employer TOBACCO EXPRESS Occupation 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 Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9238

Amount of Each Receipt this Period
250.00

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

Mailing Address 1300 SHAWNEE DR.

City WAYCROSS State GA Zip Code 31501

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

Name of Employer HOLIDAY INN EXPRESS Occupation MANAGEMENT

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
 09 / 29 / 2014

Transaction ID : SA11AI.9239

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 45 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 211 EAST STADIUM

City MAGNOLIA State AZ Zip Code 71753

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

Name of Employer PRINCE PHARMACY Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANN PURCELL

Mailing Address 410 WILLOWPEG WAY

City RINCON State GA Zip Code 31326

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8894

Amount of Each Receipt this Period
500.00

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9248

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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT REAGAN

Mailing Address 3340 TOLEDO TERRACE APT. 468

City State Zip Code
HYATTSVILLE MD 20782

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

Name of Employer Occupation
NATL CTR FOR PUBLIC POLICY RES OUTREACH MGR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2014

Transaction ID : SA11AI.8898

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CARLOS RODRIGUEZ-FEO

Mailing Address P.O. BOX 281

City State Zip Code
LEXINGTON GA 30648

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

Name of Employer Occupation
SKIP SHOP PHARMACY PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8903

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
CRAIG ROOT

Mailing Address 117 OSBORNE STREET

City State Zip Code
ST. MARY'S GA 31558

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

Name of Employer Occupation
VISTA OUTDOOR CORP PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period
300.00

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

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

650.00

**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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HURLEY RYAN

Mailing Address 220 EAST 45TH ST.

City SAVANNAH State GA Zip Code 31405

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

Name of Employer COASTAL INSURANCE PARTNERS Occupation INS. AGENT

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8904

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1170 RAMSER DRIVE

City BOGART State GA Zip Code 30677

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

Name of Employer SANDERS AND ASSOCIATES Occupation PUBLIC AFFAIRS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.8686

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
W. TOM SAWYER

Mailing Address 16 LOST CYPRESS WAY

City RICHMOND HILL State GA Zip Code 31324

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

Name of Employer MAINE STATE SENATOR Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11AI.8906

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 48 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MELINDA SCHNEIDER

Mailing Address 539 SUNSHINE LAKE ROAD

City MIDWAY State GA Zip Code 31320

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

Name of Employer HINESVILLE MILITARY AFFAIRS Occupation HOSPITALITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9263

Amount of Each Receipt this Period
200.00

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

Mailing Address 444 ELMINGTON AVE.
APT. 317

City NASHVILLE State TN Zip Code 37219

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

Name of Employer COMMUNITY CHOICE FINANCIAL Occupation VP GOV'T AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.8910

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
EDWARD W. SHAW

Mailing Address 1715 N. NELSON ST.

City ARLINGTON State VA Zip Code 22207

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

Name of Employer GULFSTREAM AEROSPACE Occupation WASHINGTON OPS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.8912

Amount of Each Receipt this Period
1000.00

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

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

1425.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HELEN SIRACUSE

Mailing Address 2201 WOODMONT RD.

City State Zip Code
ALEXANDRIA VA 22307

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

Name of Employer Occupation
ATLANTIC STRATEGIES GOV'T RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.9264

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) Runoff

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8643

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1116 HOLIDAY DR.

City State Zip Code
CROSSVILLE TN 38555

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

Name of Employer Occupation
RETIRED PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.8918

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 50 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAURA STAFFORD

Mailing Address 829 FOREST ST.

City HINESVILLE State GA Zip Code 31313

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

Name of Employer HANCOCK DAY SCHOOL Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.9268

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W.J. STEMLER

Mailing Address 50 CINEMA LANE

City ST. SIMONS ISLAND State GA Zip Code 31522

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

Name of Employer GA THEATRE COMPANY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11AI.8921

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MILTON O. SUNDBECK

Mailing Address P.O. BOX 1217

City WEST POINT State MS Zip Code 39773

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

Name of Employer SOUTHERN IONICS, INC. Occupation PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period
1000.00

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 51 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUGH M THOMPSON Jr.

Mailing Address **PO BOX 312**

City **BLACKSHEAR** State **GA** Zip Code **31516**

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

Name of Employer **PIERCE TIMBER CO** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.8626

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J.T. TURNER Jr.

Mailing Address **P.O. BOX 6190**

City **SAVANNAH** State **GA** Zip Code **31414**

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

Name of Employer **JT TURNER CONSTRUCTION** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.8927

Amount of Each Receipt this Period
500.00

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

Mailing Address **9 TUTEN AVE.**

City **BLOOMINGDALE** State **GA** Zip Code **31302**

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

Name of Employer **GARDEN ACRES INC.** Occupation **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
09 / 09 / 2014

Transaction ID : SA11AI.9270

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 52 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VICKI UPCHURCH

Mailing Address 100 LANTANA RD., STE 210

City CROSSVILLE State TN Zip Code 38555

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

Name of Employer SMITH PROFESSIONAL PHARMACY Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.8934

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2754 COMPASS DR., STE 310

City GRAND JUNCTION State CO Zip Code 81506

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

Name of Employer WALKER DRUG Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11AI.8928

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ROY WALKER

Mailing Address 208 RIVER OAKS LANE

City RUSSELLVILLE State AR Zip Code 72802

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

Name of Employer C & D 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
 09 / 02 / 2014

Transaction ID : SA11AI.8930

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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address 73 BLUFF DR

City SAVANNAH State GA Zip Code 31406

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.8932

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
DON WATERS

Mailing Address 73 BLUFF DR

City SAVANNAH State GA Zip Code 31406

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

Name of Employer PETER BRASSELER HOLDINGS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.8933

Amount of Each Receipt this Period
2600.00

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

Mailing Address 24 TIFFANY PLACE

City SAVANNAH State GA Zip Code 31406

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

Name of Employer MEMORIAL MEDICAL CTR. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.8942

Amount of Each Receipt this Period
500.00

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

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

5700.00

**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 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) EDWARD WEXLER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2014
Mailing Address 8 E. BACK ST.		Transaction ID : SA11AI.9289
City SAVANNAH	State GA	Zip Code 31419
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer USAF	Occupation RETIRED OFFICER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) SPENCER WHEELER		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 30 SOUTH ROCKWELL AVE.		Transaction ID : SA11AI.8943
City SAVANNAH	State GA	Zip Code 31419
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer CHATHAM ORTHOPAEDIC	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) KEN WHITTEMORE Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 61 FLIGHT LINE DR.		Transaction ID : SA11AI.8945
City FREDERICKSBURG	State VA	Zip Code 22405
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer SURESCRIPTS, LLC	Occupation HEALTH INFO TECH EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

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

Mailing Address **200 RIVER VISTA DRIVE**
#203

City **ATLANTA** State **GA** Zip Code **30339**

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

Name of Employer **JOE WILKINSON LLC** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8947

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES C. WILSON Jr.

Mailing Address **7370 HODGSON MEMORIAL DRIVE**
D-10

City **SAVANNAH** State **GA** Zip Code **31406**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE AGENT**

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.8948

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LOIS WOOTEN

Mailing Address **201 MCLAWS ST.**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.8951

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 56 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
C.B. YADAV

Mailing Address **908 GEORGIA AVE.**

City **WOODBINE** State **GA** Zip Code **31569**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11AI.9295

Amount of Each Receipt this Period
500.00

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

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

Amount of Each Receipt this Period

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

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

500.00

89359.17

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AARON'S PAC

Mailing Address 1015 COBB PLACE BLVD

City State Zip Code
KENNESAW GA 30144

FEC ID number of contributing federal political committee. **C** C00459933

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
 09 / 19 / 2014

Transaction ID : SA11C.9130

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4301 WILSON BLVD.

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00008169

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.9132

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FOREST & PAPER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 K STREET, NW
SUITE 700

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11C.8703

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: PAGE 58 OF 158
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11C.8683

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2014

Transaction ID : SA11C.9134

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 2215 CONSTITUTION AVENUE, NW

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2014

Transaction ID : SA11C.8711

Amount of Each Receipt this Period
5000.00

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

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

9000.00

**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 158
<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11C.9257

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 520 N NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C** C70004684

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 14000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.9135

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SUGARBEET GROWERS ASSOCIATION PAC

Mailing Address 1156 15TH STREET NW
SUITE 1101

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

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
 09 / 16 / 2014

Transaction ID : SA11C.9136

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

**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 60 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. 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
8500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.9138

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 440 FIRST STREET NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010421

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
 09 / 25 / 2014

Transaction ID : SA11C.9139

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 300

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11C.8712

Amount of Each Receipt this Period
2500.00

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

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

7500.00

**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 61 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BALCH & BINGHAM LLP PAC

Mailing Address 1901 LTH AVE. N, STE 1500

City BIRMINGHAM State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C** C00358440

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
 09 / 16 / 2014

Transaction ID : SA11C.9141

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11C.8737

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address 888 16TH STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00001727

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11C.8688

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 62 OF 158			
	<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

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
07 / 15 / 2014

Transaction ID : SA11C.8668

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT
STE. 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3000.00

Date of Receipt
07 / 10 / 2014

Transaction ID : SA11C.8631

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
DAIRY FARMERS OF AMERICA, INC. - DEPAC (DAIRY EDUCATIONAL POLITICAL ACTION COMMITTEE)

Mailing Address P.O. BOX 909700

City Kansas City State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C C00001388**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
09 / 30 / 2014

Transaction ID : SA11C.9167

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 63 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

A. Mailing Address 412 FIRST STREET, SE

City: WASHINGTON State: DC Zip Code: 20003

FEC ID number of contributing federal political committee: **C** C00040998

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 10000.00

Date of Receipt: 07 / 18 / 2014

Transaction ID : SA11C.8700

Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

B. Mailing Address 1301 PENNSYLVANIA AVE NW STE 401

City: WASHINGTON State: DC Zip Code: 20004

FEC ID number of contributing federal political committee: **C** C00012328

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 09 / 2014

Transaction ID : SA11C.9171

Amount of Each Receipt this Period: 500.00

Full Name (Last, First, Middle Initial)
FLOWERS INDUSTRIES INC POLITICAL ACTION COMMITTEE

C. Mailing Address 1919 FLOWERS CIRCLE

City: THOMASVILLE State: GA Zip Code: 31757

FEC ID number of contributing federal political committee: **C** C00033555

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2014

Transaction ID : SA11C.9169

Amount of Each Receipt this Period: 1000.00

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

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

6500.00

**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 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 320 1ST STREET SE		Transaction ID : SA11C.9276	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 320 1ST STREET SE		Transaction ID : SA11C.9278	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00	

PRIMARY DEBT RETIREMENT

Full Name (Last, First, Middle Initial) GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2941 FAIRVIEW PARK DR. SUITE 100		Transaction ID : SA11C.8789	
City FALLS CHURCH	State VA	Zip Code 22042	
FEC ID number of contributing federal political committee. C C00078451		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

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
 09 / 29 / 2014

Transaction ID : SA11C.9174

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGIA BANKERS ASSOCIATION

Mailing Address 50 HURT PLAZA

City State Zip Code
ATLANTA GA 30303

FEC ID number of contributing federal political committee. **C** C00092841

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.9176

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
GEORGIA PAC

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00490235

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
 09 / 19 / 2014

Transaction ID : SA11C.9177

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**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 66 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City State Zip Code
PEORIA IL 61612

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11C.8681

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 800 17TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

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
 09 / 16 / 2014

Transaction ID : SA11C.9179

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11C.9353

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

**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 67 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11C.8670

Amount of Each Receipt this Period
1000.00

B. JBS USA LLC PAC

Full Name (Last, First, Middle Initial)
JBS USA LLC PAC

Mailing Address 1770 PROMONTORY CIRCLE

City GREELEY State CO Zip Code 80634

FEC ID number of contributing federal political committee. **C** C00394650

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
 09 / 19 / 2014

Transaction ID : SA11C.9181

Amount of Each Receipt this Period
2500.00

C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

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
 09 / 30 / 2014

Transaction ID : SA11C.9183

Amount of Each Receipt this Period
2500.00
PRIMARY DEBT RETIREMENT

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

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

6000.00

**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 68 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LONE STAR LEADERSHIP PAC

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00415208**

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
09 / 30 / 2014

Transaction ID : SA11C.9185

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LOUIS DREYFUS COMMODITIES LLC POLITICAL ACTION COMMITTEE

Mailing Address **1200 G STREET NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00492363**

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
09 / 16 / 2014

Transaction ID : SA11C.9187

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address **P.O. BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389**

FEC ID number of contributing federal political committee. **C C00428052**

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
08 / 27 / 2014

Transaction ID : SA11C.8876

Amount of Each Receipt this Period
 5000.00

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

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

7000.00

**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 69 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address **ONE POST STREET**
34TH FLOOR

City **SAN FRANCISCO** State **CA** Zip Code **94104**

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11C.9189

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00540187**

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
09 / 29 / 2014

Transaction ID : SA11C.9190

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE

Mailing Address **1776 WILSON BOULEVARD**
SUITE 200

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00022368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.9196

Amount of Each Receipt this Period
2500.00

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

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

8500.00

**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 70 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

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
 09 / 09 / 2014

Transaction ID : SA11C.9197

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11C.8666

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1015 FIFTEENTH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00034272

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
 09 / 16 / 2014

Transaction ID : SA11C.9214

Amount of Each Receipt this Period
 1000.00

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

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

8500.00

**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 71 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.9216

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City State Zip Code
CORDOVA TN 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.9217

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS

Mailing Address 1201 F STREET NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C30001317

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
 09 / 19 / 2014

Transaction ID : SA11C.9218

Amount of Each Receipt this Period
2500.00

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

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

9500.00

**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 72 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

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
 09 / 25 / 2014

Transaction ID : SA11C.9220

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2014

Transaction ID : SA11C.8888

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code
VISALIA CA 93290

FEC ID number of contributing federal political committee. **C** C00398750

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
 09 / 30 / 2014

Transaction ID : SA11C.9222

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 73 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORP. GOOD GOV'T FUND

Mailing Address **THREE COMMERCIAL PLACE**

City **NORFOLK** State **VA** Zip Code **23510**

FEC ID number of contributing federal political committee. **C C00009282**

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
07 / 24 / 2014

Transaction ID : SA11C.8886

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PATRIOTS IN ACTION

Mailing Address **1005 CONGRESS AVE STE 910**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00531590**

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
09 / 30 / 2014

Transaction ID : SA11C.9253

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address **1006 PENDLETON STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.9255

Amount of Each Receipt this Period
5000.00

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

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

10000.00

**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 74 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
R.O.S.K.A.M. PAC

Mailing Address 610 S. BLVD

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. **C C00451294**

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
 09 / 16 / 2014

Transaction ID : SA11C.9259

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
RAYONIER INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 1301 RIVERPLACE BLVD
SUITE 2300

City Jacksonville State FL Zip Code 32207

FEC ID number of contributing federal political committee. **C C00451757**

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
 08 / 07 / 2014

Transaction ID : SA11C.8900

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
REED SMITH POLITICAL ACTION COMMITTEE

Mailing Address 20 STANWIX ST., STE 12

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C C00242057**

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
 07 / 24 / 2014

Transaction ID : SA11C.8901

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 75 OF 158
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address 2900 CLEARVIEW PKWY, STE 206

City State Zip Code
METAIRIE LA 70006

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11C.9261

Amount of Each Receipt this Period
2000.00

CONTAINS ONLY FEDERAL PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
SKIDAWAY ISLAND REPUBLICAN CLUB

Mailing Address P.O. BOX 15165

City State Zip Code
SAVANNAH GA 31416

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

Name of Employer Occupation

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
09 / 16 / 2014

Transaction ID : SA11C.9351

Amount of Each Receipt this Period
600.00

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
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11C.8925

Amount of Each Receipt this Period
2500.00

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

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

5100.00

**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 76 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THECOCA-COLA COMPANY		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address P.O. BOX 1734		Transaction ID : SA11C.9272	
City ATLANTA	State GA	Amount of Each Receipt this Period 2500.00	
Zip Code 30301			
FEC ID number of contributing federal political committee. C C00012468			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. TOTAL SYSTEM SERVICES, INC. PAC (TSYS PAC)		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address P.O. BOX 1755		Transaction ID : SA11C.9279	
City COLUMBUS	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 31902			
FEC ID number of contributing federal political committee. C C00441980			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. TROUTMAN SANDERS LLP POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 600 PEACHTREE STREET SUITE 5200		Transaction ID : SA11C.9281	
City ATLANTA	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 30308			
FEC ID number of contributing federal political committee. C C00311142			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 77 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11C.8684

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT PAC)

Mailing Address 313 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00502807

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.9283

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00409805

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
 09 / 30 / 2014

Transaction ID : SA11C.9284

Amount of Each Receipt this Period
 1000.00

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

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

8000.00

**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 78 OF 158
	<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	

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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
6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : SA11C.8926

Amount of Each Receipt this Period
2500.00

B. 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
9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11C.9286

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 400 NORTH CAPITOL STREET, NW
SUITE 490

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11C.8692

Amount of Each Receipt this Period
1000.00

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

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

6000.00

154600.00

**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 79 OF 158
	<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	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EARL LEROY CARTER		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014	
Mailing Address 406 PURPLE FINCH DR		Transaction ID : SA13A.9344	
City POOLER State GA Zip Code 31322	Amount of Each Receipt this Period 200000.00		
FEC ID number of contributing federal political committee. C H4GA01039	Amount of Each Receipt this Period 500000.00		
Name of Employer CARTER'S PHARMACY Occupation PHARMACIST	Election Cycle-to-Date 500000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Election Cycle-to-Date		
Name of Employer Occupation	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Election Cycle-to-Date		
Name of Employer Occupation	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	200000.00
TOTAL This Period (last page this line number only).....	200000.00

**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 80 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AAA PARKING		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1100 SPRING STREET NW		Amount of Each Disbursement this Period 10.00
City ATLANTA State GA Zip Code 30309	Purpose of Disbursement PARKING Category/Type 002	
Candidate Name		Transaction ID : SB17.9386 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ABERCORN OFFICE INVESTORS		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address P.O. BOX 14111		Amount of Each Disbursement this Period 1500.00
City SAVANNAH State GA Zip Code 31416	Purpose of Disbursement OFFICE RENT Category/Type 001	
Candidate Name		Transaction ID : SB17.9024
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ABERCORN OFFICE INVESTORS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address P.O. BOX 14111		Amount of Each Disbursement this Period 1500.00
City SAVANNAH State GA Zip Code 31416	Purpose of Disbursement RENT Category/Type 001	
Candidate Name		Transaction ID : SB17.9043
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement
Mailing Address P.O. BOX 53852		M M / D D / Y Y Y Y 07 / 03 / 2014
City	State	Zip Code
PHOENIX	AZ	85072-3852
Purpose of Disbursement CREDIT CARD FEE	001	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	28.78
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.9362
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement
Mailing Address P.O. BOX 53852		M M / D D / Y Y Y Y 07 / 03 / 2014
City	State	Zip Code
PHOENIX	AZ	85072-3852
Purpose of Disbursement CREDIT CARD FEE	001	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	318.04
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.9363
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement
Mailing Address P.O. BOX 53852		M M / D D / Y Y Y Y 07 / 28 / 2014
City	State	Zip Code
PHOENIX	AZ	85072-3852
Purpose of Disbursement CREDIT CARD FEE	001	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	7.95
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.9117
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	354.77
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 250.31	
City PHOENIX	State AZ	Zip Code 85072-3852	Transaction ID : SB17.9119	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 7.95	
City PHOENIX	State AZ	Zip Code 85072-3852	Transaction ID : SB17.9127	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 75.29	
City PHOENIX	State AZ	Zip Code 85072-3852	Transaction ID : SB17.9341	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	333.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.9319
City PHOENIX	State AZ	
Zip Code 85072-3852	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 25.34 Transaction ID : SB17.8981
City ATLANTA	State GA	
Zip Code 30353	Purpose of Disbursement TELEPHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.8995
City ATLANTA	State GA	
Zip Code 30353	Purpose of Disbursement INTERNET	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	78.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 58.00
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9336
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 53.00
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement INTERNET 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9026
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 25.34
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9028
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	136.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 63.00
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9128
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 94.00
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement TELEPHONE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9129
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 45.00
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement INTERNET 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.9298
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	202.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 25.34
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type 001	Transaction ID : SB17.9299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BED, BATH & BEYOND		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 7400 ABERCORN STREET SUITE 201		Amount of Each Disbursement this Period 32.07
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement TABLE CANDLES FOR CAMPAIGN EVENT	
Candidate Name	Category/Type 007	Transaction ID : SB17.9384
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 7929 ABERCORN STREET BLDG 5		Amount of Each Disbursement this Period 380.59
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement LAPTOP	
Candidate Name	Category/Type 001	Transaction ID : SB17.9432
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	25.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 7929 ABERCORN STREET BLDG 5		Amount of Each Disbursement this Period 149.79
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement COMPUTER SOFTWARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.9418 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BLACKSHEAR TIMES		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address P.O. BOX 410		Amount of Each Disbursement this Period 540.63
City BLACKSHEAR State GA Zip Code 31516	Purpose of Disbursement NEWSPAPER AD 004 Category/Type	
Candidate Name		Transaction ID : SB17.9080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. BRUNSWICK-GOLDEN ISLES CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 4 GLYNN AVENUE		Amount of Each Disbursement this Period 195.00
City BRUNSWICK State GA Zip Code 31520	Purpose of Disbursement ANNUAL CHAMBER DINNER 001 Category/Type	
Candidate Name		Transaction ID : SB17.9439 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	540.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRUNSWICK-GOLDEN ISLES CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 4 GLYNN AVENUE		Amount of Each Disbursement this Period 64.00
City BRUNSWICK State GA Zip Code 31520	Purpose of Disbursement MEMBERSHIP LUNCHEON	Transaction ID : SB17.9424
Candidate Name	Category/Type 001	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRUNSWICK NEWS PUBLISHING CO.		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address P.O. BOX 1557		Amount of Each Disbursement this Period 859.32
City BRUNSWICK State GA Zip Code 31521	Purpose of Disbursement NEWSPAPER ADS	Transaction ID : SB17.9074
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. BRYAN COUNTY NEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address P.O. BOX 1239		Amount of Each Disbursement this Period 504.00
City RICHMOND HILL State GA Zip Code 31324	Purpose of Disbursement RUN OFF ELECTION AD	Transaction ID : SB17.9000
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1363.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAINES HODGES & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 200 EAST ST. JULIAN STREET STE 603		Amount of Each Disbursement this Period 3100.00 Transaction ID : SB17.8966
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement ACCOUNTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) B. CAINES HODGES & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 200 EAST ST. JULIAN STREET STE 603		Amount of Each Disbursement this Period 57.16 Transaction ID : SB17.8998
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement Fed Ex reimbursement 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) C. CAINES HODGES & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 200 EAST ST. JULIAN STREET STE 603		Amount of Each Disbursement this Period 291.38 Transaction ID : SB17.9002
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement QUICKBOOKS PAYROLL RENEWAL 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

SUBTOTAL of Disbursements This Page (optional).....	3448.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAINES HODGES & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 200 EAST ST. JULIAN STREET STE 603		Amount of Each Disbursement this Period 3100.00
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement ACCOUNTING SERVICE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9300
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL COAST CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 8000.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Transaction ID : SB17.8958
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL COAST CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
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 CONSULTANT Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Transaction ID : SB17.9113
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL COAST CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 7031 HODGSON MEMORIAL DRIVE SUITE C		Amount of Each Disbursement this Period 4000.00
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement FUNDRAISING CONSULTANT 003 Category/Type	
Candidate Name		Transaction ID : SB17.9114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. CAPITOL COAST CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
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 CONSULTANT 003 Category/Type	
Candidate Name		Transaction ID : SB17.9118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. CAPITOL HILL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 200 C STREET SE		Amount of Each Disbursement this Period 376.71
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement HOTEL FOR WASHINGTON DC TRIP 002 Category/Type	
Candidate Name		Transaction ID : SB17.9382 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 200 C STREET SE		Amount of Each Disbursement this Period 570.22
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement HOTEL FEE	
Candidate Name	Category/Type 002	Transaction ID : SB17.9320
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 200 C STREET SE		Amount of Each Disbursement this Period 570.22
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement HOTEL FEE	
Candidate Name	Category/Type 002	Transaction ID : SB17.9321
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CARTER'S PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1017 E. HWY 80 SUITE 10		Amount of Each Disbursement this Period 2132.40
City POOLER State GA Zip Code 31322	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type 001	Transaction ID : SB17.8982
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3272.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CARTER'S PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1017 E. HWY 80 SUITE 10		Amount of Each Disbursement this Period 290.40 Transaction ID : SB17.9019
City POOLER State GA Zip Code 31322	Purpose of Disbursement CARDS AND LETTERS 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSEPH CARTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 114 SADDLE LANE		Amount of Each Disbursement this Period 3372.00 Transaction ID : SB17.9031
City GUYTON State GA Zip Code 31312	Purpose of Disbursement AUTO RENTAL 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) C. CHARLTON COUNTY HERALD		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address P.O. BOX 398		Amount of Each Disbursement this Period 468.75 Transaction ID : SB17.9084
City FOLKSTON State GA Zip Code 31537	Purpose of Disbursement NEWSPAPER AD 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4131.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHARLTON COUNTY HERALD			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address P.O. BOX 398			Amount of Each Disbursement this Period 25.00	
City FOLKSTON	State GA	Zip Code 31537	Transaction ID : SB17.9100	
Purpose of Disbursement SUBSCRIPTION		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CHEVRON			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 2606 ABERCORN STREET			Amount of Each Disbursement this Period 30.00	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.9397	
Purpose of Disbursement FUEL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) C. CIRCLE K			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 7203 ABERCORN STREET			Amount of Each Disbursement this Period 30.00	
City SAVANNAH	State GA	Zip Code 31406	Transaction ID : SB17.9428	
Purpose of Disbursement FUEL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLARK HILL, PLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 601 PENNSYLVANIA AVE.		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.8975
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement LEGAL	Category/ Type 001
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)	State: District:	

Full Name (Last, First, Middle Initial) B. CLYDE'S MARKET		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 2281 HWY 17 & 144		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.9433 [MEMO ITEM]
City RICHMOND HILL	State GA	
Zip Code 31324	Purpose of Disbursement FUEL	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 5421 NEW JESUP HWY		Amount of Each Disbursement this Period 30.72 Transaction ID : SB17.9377 [MEMO ITEM]
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DC TAXICAB COMMISSION			Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 2041 MARTIN LUTHER KING JR			Amount of Each Disbursement this Period 8.61
City WASHINGTON	State DC	Zip Code 20020	
Purpose of Disbursement TAXI FARE TO MEETING		Category/ Type 002	Transaction ID : SB17.9414 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. DC TAXICAB COMMISSION			Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 2041 MARTIN LUTHER KING JR			Amount of Each Disbursement this Period 10.55
City WASHINGTON	State DC	Zip Code 20020	
Purpose of Disbursement CAB FARE TO MEETING		Category/ Type 002	Transaction ID : SB17.9445 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. DC TAXICAB COMMISSION			Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 2041 MARTIN LUTHER KING JR			Amount of Each Disbursement this Period 17.88
City WASHINGTON	State DC	Zip Code 20020	
Purpose of Disbursement CAB FARE TO MEETING		Category/ Type 002	Transaction ID : SB17.9446 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DC TAXICAB COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 2041 MARTIN LUTHER KING JR			Amount of Each Disbursement this Period 9.47
City WASHINGTON	State DC	Zip Code 20020	
Purpose of Disbursement CAB FARE TO MEETING		Category/ Type 002	Transaction ID : SB17.9447
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) B. ZELLIE DUVALL			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 2506 DEBIDUE CT. NW			Amount of Each Disbursement this Period 2136.03
City ACWORTH	State GA	Zip Code 30101	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.9020
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

Full Name (Last, First, Middle Initial) C. ZELLIE DUVALL			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 2506 DEBIDUE CT. NW			Amount of Each Disbursement this Period 756.12
City ACWORTH	State GA	Zip Code 30101	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.9034
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2892.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ZELLIE DUVALL		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 2506 DEBIDUE CT. NW		Amount of Each Disbursement this Period 19.63 Transaction ID : SB17.9107
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement REIMBURSEMENT FOR OFFICE SUPPLIES: SEE MEMO Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ZELLIE DUVALL		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 2506 DEBIDUE CT. NW		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.9042
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ZELLIE DUVALL		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address 2506 DEBIDUE CT. NW		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.9324
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1531.87
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ZELLIE DUVALL		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 2506 DEBIDUE CT. NW		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.9331
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. EFFINGHAM HERALD		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 586 S. COLUMBIA AVE.		Amount of Each Disbursement this Period 472.50 Transaction ID : SB17.9078
City RINCON State GA Zip Code 31326	Purpose of Disbursement NEWSPAPER AD 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 52.05 Transaction ID : SB17.9048
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

SUBTOTAL of Disbursements This Page (optional).....	1280.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 70.12
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9365
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 71.38
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9050
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 50.80
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9051
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	192.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 72.20
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9052
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 50.60
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 50.25
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9059
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	173.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS			Date of Disbursement
Mailing Address 1080 HWY 80 EAST			M M / D D / Y Y Y Y 07 / 22 / 2014
City POOLER	State GA	Zip Code 31322	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	Candidate Name		46.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Transaction ID : SB17.9060
State: _____	District: _____	Category/ Type 002	

Full Name (Last, First, Middle Initial) B. FLASH FOODS			Date of Disbursement
Mailing Address 1080 HWY 80 EAST			M M / D D / Y Y Y Y 07 / 28 / 2014
City POOLER	State GA	Zip Code 31322	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	Candidate Name		38.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9061
State: _____	District: _____	Category/ Type 002	

Full Name (Last, First, Middle Initial) C. FLASH FOODS			Date of Disbursement
Mailing Address 1080 HWY 80 EAST			M M / D D / Y Y Y Y 08 / 04 / 2014
City POOLER	State GA	Zip Code 31322	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	Candidate Name		46.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9062
State: _____	District: _____	Category/ Type 002	

SUBTOTAL of Disbursements This Page (optional).....	131.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 58.40 Transaction ID : SB17.9064
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 48.55 Transaction ID : SB17.9065
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 44.55 Transaction ID : SB17.9066
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	151.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 62.90
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9068
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 27.75
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9069
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1080 HWY 80 EAST		Amount of Each Disbursement this Period 66.70
City POOLER State GA Zip Code 31322	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	157.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 08 / 25 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 30.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9071	

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 09 / 02 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 71.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9338	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 09 / 03 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 50.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9339	

SUBTOTAL of Disbursements This Page (optional).....	151.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		MM / DD / YYYY 09 / 10 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Amount of Each Disbursement this Period 49.40	
Candidate Name	Transaction ID : SB17.9306	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: District:		

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		MM / DD / YYYY 09 / 18 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Amount of Each Disbursement this Period 52.20	
Candidate Name	Transaction ID : SB17.9307	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: District:		

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		MM / DD / YYYY 09 / 22 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Amount of Each Disbursement this Period 65.45	
Candidate Name	Transaction ID : SB17.9308	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	167.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 09 / 22 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 65.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9309	

Full Name (Last, First, Middle Initial) B. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 09 / 24 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 62.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9310	

Full Name (Last, First, Middle Initial) C. FLASH FOODS		Date of Disbursement
Mailing Address 1080 HWY 80 EAST		M M / D D / Y Y Y Y 09 / 29 / 2014
City POOLER	State GA	Zip Code 31322
Purpose of Disbursement FUEL	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 48.55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.9311	

SUBTOTAL of Disbursements This Page (optional).....	176.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLASH FOODS # 254		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 160 MILLENNIUM BLVD		Amount of Each Disbursement this Period 61.01
City BRUNSWICK State GA Zip Code 31525	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9067
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FLASH FOODS #255		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 127 FLASH FOODS DR.		Amount of Each Disbursement this Period 64.70
City BRUNSWICK State GA Zip Code 31523	Purpose of Disbursement FUEL 002 Category/Type	
Candidate Name		Transaction ID : SB17.9054
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 756.12
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.8955
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	881.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.9102
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR EXPENSES: SEE MEMO Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.8991
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 89.14 Transaction ID : SB17.8997
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT OF EXPENSES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1115.26
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 158		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.9022
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.9106
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR FUEL: SEE MEMO Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 756.12 Transaction ID : SB17.9033
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1572.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHILLIP FORDHAM			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 209 WEST GORDON LANE			Amount of Each Disbursement this Period 1916.23	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.9108	
Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & EXPENSES: SEE MEMO		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PHILLIP FORDHAM			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 209 WEST GORDON LANE			Amount of Each Disbursement this Period 756.12	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.9041	
Purpose of Disbursement PAYROLL		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PHILLIP FORDHAM			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 209 WEST GORDON LANE			Amount of Each Disbursement this Period 756.12	
City SAVANNAH	State GA	Zip Code 31401	Transaction ID : SB17.9323	
Purpose of Disbursement PAYROLL		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3428.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 84.00
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR EXPENSES: SEE MEMO 002 Category/Type	
Candidate Name		Transaction ID : SB17.9328
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 756.12
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.9330
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PHILLIP FORDHAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 209 WEST GORDON LANE		Amount of Each Disbursement this Period 211.58
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & EXPENSES: SEE MEMO 001 Category/Type	
Candidate Name		Transaction ID : SB17.9334
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1051.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GEORGIA DEPARTMENT OF LABOR		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 197.46 Transaction ID : SB17.9017
City ATLANTA State GA Zip Code 30374-0234	Purpose of Disbursement PAYROLL LIABILITY 2ND QTR 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. GEORGIA DEPARTMENT OF REVENUE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 316.04 Transaction ID : SB17.8979
City ATLANTA State GA Zip Code 30374	Purpose of Disbursement PAYROLL LIABILITY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. GEORGIA DEPARTMENT OF REVENUE		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address P.O. BOX 740234		Amount of Each Disbursement this Period 651.44 Transaction ID : SB17.9029
City ATLANTA State GA Zip Code 30374	Purpose of Disbursement PAYROLL LIABILITY 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1164.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GEORGIA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P.O. BOX 740234			Amount of Each Disbursement this Period 330.44 Transaction ID : SB17.9325
City ATLANTA	State GA	Zip Code 30374	
Purpose of Disbursement PAYROLL LIABILITY		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. GEORGIA MOBILE NOTARY			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 8608 ABERCORN STREET			Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.9420 [MEMO ITEM]
City SAVANNAH	State GA	Zip Code 31406	
Purpose of Disbursement NOTARIZE DOCUMENTS		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. GLOBAL PAY			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3			Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.9364
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	340.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GLOBAL PAY		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3		Amount of Each Disbursement this Period 662.42 Transaction ID : SB17.9366
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. GLOBAL PAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.9122
City BASALT	State CO	
Zip Code 81621	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GLOBAL PAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3		Amount of Each Disbursement this Period 524.25 Transaction ID : SB17.9123
City BASALT	State CO	
Zip Code 81621	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1196.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GLOBAL PAY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.9342
City BASALT	State CO	
Zip Code 81621	Purpose of Disbursement PROCESS FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GLOBAL PAY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 255 GOLD RIVERS CT. FL 3		Amount of Each Disbursement this Period 73.07 Transaction ID : SB17.9343
City BASALT	State CO	
Zip Code 81621	Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JUDI HARRISON		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 813 HAMILTON LANDING DR.		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.9121
City ST. SIMONS ISLAND	State GA	
Zip Code 31522	Purpose of Disbursement OFFICE RENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	633.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAWK & DOVE		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 329 PENNSYLVANIA AVENUE, SE		Amount of Each Disbursement this Period 57.30
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRAVEL MEAL	
Candidate Name	Category/Type 002	Transaction ID : SB17.9379 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CARLTON H HODGES		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 200 EAST ST. JULIAN STREET SUITE 603		Amount of Each Disbursement this Period 4174.93
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT OF CAMPAIGN EVENT: SEE MEMO	
Candidate Name	Category/Type 007	Transaction ID : SB17.8964
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. CARLTON H HODGES		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 200 EAST ST. JULIAN STREET SUITE 603		Amount of Each Disbursement this Period 3112.50
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR NEWSPAPER ADS: SEE MEMO	
Candidate Name	Category/Type 004	Transaction ID : SB17.8993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7287.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CARLTON H HODGES		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 200 EAST ST. JULIAN STREET SUITE 603		Amount of Each Disbursement this Period 6458.33 Transaction ID : SB17.9037
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR CAMPAIGN EXPENSES: SEE MEMO 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. LEE HUGHES		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 2 ELIZABETH CIR.		Amount of Each Disbursement this Period 489.49 Transaction ID : SB17.8986
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES: SEE MEMO 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. LEE HUGHES		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 2 ELIZABETH CIR.		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.9116
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement CONSULTING 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21947.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LEE HUGHES		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2 ELIZABETH CIR.		Amount of Each Disbursement this Period 112.77
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement REIMBURSEMENT FOR EXPENSES: SEE MEMO	
Candidate Name	Category/Type 002	Transaction ID : SB17.9018
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. HUGHES PUBLIC AFFAIRS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 2 ELIZABETH CIRCLE		Amount of Each Disbursement this Period 20000.00
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement CONSULTING	
Candidate Name	Category/Type 003	Transaction ID : SB17.9047
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. HUGHES PUBLIC AFFAIRS, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2 ELIZABETH CIRCLE		Amount of Each Disbursement this Period 5000.00
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement CONSULTING SRV.	
Candidate Name	Category/Type 001	Transaction ID : SB17.9038
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	25112.77
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUGHES PUBLIC AFFAIRS, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2 ELIZABETH CIRCLE		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.9301
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement CONSULTANT 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HUNAN DYNASTY RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 215 PENNSYLVANIA AVE.		Amount of Each Disbursement this Period 524.00 Transaction ID : SB17.9315
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CAMPAIGN LUNCHEON 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HUNTER MACLEAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address P.O. BOX 9848		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.8978
City SAVANNAH State GA Zip Code 31412	Purpose of Disbursement LEGAL EXPENSES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5674.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HYATT REGENCY SAVANNAH		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 2 WEST BAY STREET		Amount of Each Disbursement this Period 4174.93
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement CAMPAIGN BANQUET VENUE 007	
Candidate Name		Transaction ID : SB17.9370 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HYATT REGENCY SAVANNAH		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2 WEST BAY STREET		Amount of Each Disbursement this Period 6458.33
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement CAMPAIGN BANQUET VENUE 007	
Candidate Name		Transaction ID : SB17.9371 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 175.66
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CHECKS & ENVELOPES 001	
Candidate Name		Transaction ID : SB17.9090
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	175.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHNNY'S HALF-SHELL		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 400 N CAPITAL ST., NW		Amount of Each Disbursement this Period 1191.98 Transaction ID : SB17.9317
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISER VENUE Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BILL JONES III		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 100 CLOISTER DRIVE		Amount of Each Disbursement this Period 1184.17 Transaction ID : SB17.9403
City SEA ISLAND State GA Zip Code 31561	Purpose of Disbursement In-kind - FUNDRAISER VENUE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. KENNICKELL PRINTING GROUP		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1700 E. PRESIDENT ST.		Amount of Each Disbursement this Period 842.09 Transaction ID : SB17.9036
City SAVANNAH State GA Zip Code 31404	Purpose of Disbursement BUMPER STICKERS Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3218.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KENNICKELL PRINTING GROUP		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1700 E. PRESIDENT ST.		Amount of Each Disbursement this Period 485.78 Transaction ID : SB17.9044
City SAVANNAH State GA Zip Code 31404	Purpose of Disbursement STATIONARY 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. KINGSLAND COMMUNITY BETTERMENT PROGRAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO BOX 2887		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.9426 [MEMO ITEM]
City KINGSLAND State GA Zip Code 31548	Purpose of Disbursement STAFF MEAL 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 72098.00 Transaction ID : SB17.8959
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 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"/> Other (specify) Runoff <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	72583.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 22000.00 Transaction ID : SB17.8965
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) B. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 29690.00 Transaction ID : SB17.8973
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) C. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 18500.00 Transaction ID : SB17.8977
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

SUBTOTAL of Disbursements This Page (optional).....	70190.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 3300.00
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name		Transaction ID : SB17.8989
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 7744.00
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ENDORSEMENT MAILING 003 Category/Type	
Candidate Name		Transaction ID : SB17.9297
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 1000.00
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name		Transaction ID : SB17.8992
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12044.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 10252.00 Transaction ID : SB17.8996
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement LIVE PHONING 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 2697.00 Transaction ID : SB17.9023
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement AUG. CONSULT & SOCIAL MEDIA 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LANDMARK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 11300 ATLANTIS PLACE SUITE F		Amount of Each Disbursement this Period 2697.00 Transaction ID : SB17.9046
City ALPHARETTA State GA Zip Code 30022	Purpose of Disbursement CONSULTING & SOCIAL MEDIA 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15646.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MACSATA KORNEGAY GROUP			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address P.O. BOX 15275			Amount of Each Disbursement this Period 2773.85	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.8963	
Purpose of Disbursement CONSULTING		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. MONROE MARKETING			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address P.O. BOX 14558			Amount of Each Disbursement this Period 1839.00	
City SAVANNAH	State GA	Zip Code 31416	Transaction ID : SB17.8988	
Purpose of Disbursement ADVERTISING		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) C. EMMIT NOLAN			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014	
Mailing Address 724 STONEWALL ST.			Amount of Each Disbursement this Period 500.00	
City BURNSWICK	State GA	Zip Code 31520	Transaction ID : SB17.9112	
Purpose of Disbursement CONSULTING		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5112.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EMMIT NOLAN		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 724 STONEWALL ST.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9115
City BURNSWICK	State GA	
Zip Code 31520	Purpose of Disbursement CONSULTING	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 8108 ABERCORN STREET		Amount of Each Disbursement this Period 40.26 Transaction ID : SB17.9437 [MEMO ITEM]
City SAVANNAH	State GA	
Zip Code 31406	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address 8108 ABERCORN STREET		Amount of Each Disbursement this Period 27.80 Transaction ID : SB17.9394 [MEMO ITEM]
City SAVANNAH	State GA	
Zip Code 31406	Purpose of Disbursement LABELS FOR MAILERS	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 25 JANET DRIVE		Amount of Each Disbursement this Period 12.84
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.9430 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 25 JANET DRIVE		Amount of Each Disbursement this Period 95.73
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.9407 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. OFFICE MAX		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 25 JANET DRIVE		Amount of Each Disbursement this Period 46.60
City SAVANNAH State GA Zip Code 31405	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.9416 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PARAM VIR BP		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 306 S. COLUMBIA AVE		Amount of Each Disbursement this Period 30.00
City RINCON	State GA	
Zip Code 31326	Purpose of Disbursement FUEL	Transaction ID : SB17.9435
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PARKER'S		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 4480 HWY 80		Amount of Each Disbursement this Period 25.00
City ELLABELL	State GA	
Zip Code 31308	Purpose of Disbursement FUEL	Transaction ID : SB17.9443
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PARTY CITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 8108 ABERCORN ST.		Amount of Each Disbursement this Period 10.70
City SAVANNAH	State GA	
Zip Code 31406	Purpose of Disbursement BALLOONS FOR CAMPAIGN EVENT	Transaction ID : SB17.9383
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POLSINELLI, PC		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address P.O. BOX 878681		Amount of Each Disbursement this Period 2385.00 Transaction ID : SB17.8967
City KANSAS CITY	State MO	
Zip Code 64187	Purpose of Disbursement LEGAL FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. POSTAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 3335 CYPRESS MILL ROAD		Amount of Each Disbursement this Period 9.11 Transaction ID : SB17.9422 [MEMO ITEM]
City BRUNSWICK	State GA	
Zip Code 31520	Purpose of Disbursement POSTAGE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5500 ABERCORN STREET		Amount of Each Disbursement this Period 19.63 Transaction ID : SB17.9444 [MEMO ITEM]
City SAVANNAH	State GA	
Zip Code 31406	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2385.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 5500 ABERCORN STREET		Amount of Each Disbursement this Period 12.33
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement OFFICE REFRESHMENTS 001 Category/Type	
Candidate Name		Transaction ID : SB17.9415 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RSVP CATERING		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2930 PROSPERITY AVE.		Amount of Each Disbursement this Period 590.94
City FAIRFAX State VA Zip Code 22031	Purpose of Disbursement FUNDRAISING EVENT 007 Category/Type	
Candidate Name		Transaction ID : SB17.9313
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SAVANNAH AIRPORT COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 400 AIRWAYS AVENUE		Amount of Each Disbursement this Period 16.00
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement PARKING 002 Category/Type	
Candidate Name		Transaction ID : SB17.9373 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	590.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SAVANNAH AIRPORT COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 400 AIRWAYS AVENUE		Amount of Each Disbursement this Period 36.00
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement PARKING 002 Category/Type	
Candidate Name		Transaction ID : SB17.9406 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SAVANNAH MORNING NEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO BOX 1088		Amount of Each Disbursement this Period 3112.50
City SAVANNAH State GA Zip Code 31402	Purpose of Disbursement NEWSPAPER ADS 004 Category/Type	
Candidate Name		Transaction ID : SB17.9399 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 1031.24
City BRUNSWICK State GA Zip Code 31523	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.8953
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1031.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 340.26 Transaction ID : SB17.9103
City BRUNSWICK State GA Zip Code 31523	Purpose of Disbursement REIMBURSEMENT OF MILEAGE & EXPENSES: SEE MEMO Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 1031.23 Transaction ID : SB17.8990
City BRUNSWICK State GA Zip Code 31523	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 328.00 Transaction ID : SB17.9104
City BRUNSWICK State GA Zip Code 31523	Purpose of Disbursement MILEAGE EXPENSES Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1699.49
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 1031.24 Transaction ID : SB17.9021
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 142.00 Transaction ID : SB17.9105
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement MILEAGE	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 1031.24 Transaction ID : SB17.9032
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2204.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUD SEYMOUR		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 229.00 Transaction ID : SB17.9109
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. JUD SEYMOUR		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 1031.23 Transaction ID : SB17.9040
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. JUD SEYMOUR		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 354.29 Transaction ID : SB17.9110
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & EXPENSES: SEE MEMO	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1614.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUD SEYMOUR			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 164 FISHHALL LANE			Amount of Each Disbursement this Period 1031.24	
City BRUNSWICK	State GA	Zip Code 31523	Transaction ID : SB17.9322	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JUD SEYMOUR			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 164 FISHHALL LANE			Amount of Each Disbursement this Period 130.11	
City BRUNSWICK	State GA	Zip Code 31523	Transaction ID : SB17.9327	
Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & EXPENSES: SEE MEMO		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. JUD SEYMOUR			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 164 FISHHALL LANE			Amount of Each Disbursement this Period 1031.24	
City BRUNSWICK	State GA	Zip Code 31523	Transaction ID : SB17.9329	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2192.59
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUD SEYMOUR		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 164 FISHHALL LANE		Amount of Each Disbursement this Period 347.63 Transaction ID : SB17.9333
City BRUNSWICK	State GA	
Zip Code 31523	Purpose of Disbursement REIMBURSEMENT OF MILEAGE & EXPENSES: SEE MEMO	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. SOCO STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 349 SUMMER PALACE WAY		Amount of Each Disbursement this Period 1402.50 Transaction ID : SB17.9025
City LAS VEGAS	State NV	
Zip Code 89144	Purpose of Disbursement PHONE SOLICITATION	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. SPANKY'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 308 MALL WAY		Amount of Each Disbursement this Period 8.49 Transaction ID : SB17.9388 [MEMO ITEM]
City SAVANNAH	State GA	
Zip Code 31406	Purpose of Disbursement CAMPAIGN MEETING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1750.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 460 AIRWAYS AVENUE		Amount of Each Disbursement this Period 8.76
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement TRAVEL MEAL	
Candidate Name	Category/Type 002	Transaction ID : SB17.9381 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 48500.00
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement TELEVISION ADVERTISING	
Candidate Name	Category/Type 004	Transaction ID : SB17.8957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 46560.00
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type 004	Transaction ID : SB17.8969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	95060.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRATEGIC MEDIA PLACEMENT INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 109610.00 Transaction ID : SB17.8974
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement MEDIA BUY 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 38800.00 Transaction ID : SB17.9086
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement TELEVISION COMMERCIAL 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGY GROUP COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.8983
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement ADVERTISING 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	154410.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRATEGY GROUP COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9035
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement RESEARCH SOFTWARE, INNOCULATION INTERVIEW Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 12100 SR 20 WEST		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9440 [MEMO ITEM]
City CLARKSVILLE State FL Zip Code 32430	Purpose of Disbursement FUEL Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THECHATHAM CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address P.O. BOX 9870		Amount of Each Disbursement this Period 1983.35 Transaction ID : SB17.8971
City SAVANNAH State GA Zip Code 31412	Purpose of Disbursement FUNDRAISER VENUE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2783.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE COASTAL BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address PO BOX 9585		Amount of Each Disbursement this Period 85.73
City SAVANNAH State GA Zip Code 31412-9585	Purpose of Disbursement CREDIT CARD FEE 001 Category/Type	
Candidate Name		Transaction ID : SB17.9120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. THE COASTAL BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO BOX 9585		Amount of Each Disbursement this Period 82.94
City SAVANNAH State GA Zip Code 31412-9585	Purpose of Disbursement BANK FEES 001 Category/Type	
Candidate Name		Transaction ID : SB17.9337
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE DARIEN NEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address P.O. BOX 496		Amount of Each Disbursement this Period 300.00
City DARIEN State GA Zip Code 31305	Purpose of Disbursement NEWSPAPER AD 004 Category/Type	
Candidate Name		Transaction ID : SB17.9082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	468.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 158			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE DARIEN NEWS			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address P.O. BOX 496			Amount of Each Disbursement this Period 25.00
City DARIEN	State GA	Zip Code 31305	
Purpose of Disbursement SUBSCRIPTION		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9097	
State:	District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 11180 ABERCORN EXTENSION			Amount of Each Disbursement this Period 59.14
City SAVANNAH	State GA	Zip Code 31419	
Purpose of Disbursement SIGN POSTS		Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Transaction ID : SB17.9395	
State:	District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. THE OCEAN FRONT CLUB			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 200 OCEAN ROAD			Amount of Each Disbursement this Period 1184.17
City SEA ISLAND	State GA	Zip Code 31561	
Purpose of Disbursement FUNDRAISER VENUE		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Transaction ID : SB17.9404	
State:	District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE PRESS SENTINEL		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 252 WEST WALNUT ST.		Amount of Each Disbursement this Period 614.25 Transaction ID : SB17.9076
City JESUP	State GA	
Zip Code 31598	Purpose of Disbursement NEWS PAPER AD	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) B. THE PRESS SENTINEL		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 252 WEST WALNUT ST.		Amount of Each Disbursement this Period 23.00 Transaction ID : SB17.9126
City JESUP	State GA	
Zip Code 31598	Purpose of Disbursement SUBSCRIPTION	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	State: District:
<input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. TRAVELOCITY		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 3150 SABRE DRIVE		Amount of Each Disbursement this Period 1492.80 Transaction ID : SB17.9431 [MEMO ITEM]
City SOUTHLAKE	State TX	
Zip Code 76092	Purpose of Disbursement STAFF AIRLINE TRAVEL TO DC	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	State: District:
<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	637.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TWIN OAKS BARBECUE		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 2618 NORWICH STREET		Amount of Each Disbursement this Period 9.28
City BRUNSWICK	State GA	
Zip Code 31520	Purpose of Disbursement CAMPAIGN STAFF LUNCH	Transaction ID : SB17.9389 [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 28.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TAXI FARE TO MEETING	Transaction ID : SB17.9409 [MEMO ITEM]
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 25.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TAXI FARE TO MEETING	Transaction ID : SB17.9411 [MEMO ITEM]
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 15.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TAXI FARE TO MEETING	Transaction ID : SB17.9412
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 405 HOWARD STREET		Amount of Each Disbursement this Period 6.54
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TAXI FARE TO MEETING	Transaction ID : SB17.9413
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 1796.98
City ATLANTA	State GA	
Zip Code 30348	Purpose of Disbursement PAYROLL LIABILITY	Transaction ID : SB17.8980
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1796.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 3790.96
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement PAYROLL LIABILITY 001 Category/Type	
Candidate Name		Transaction ID : SB17.9030
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P.O. BOX 105083		Amount of Each Disbursement this Period 1869.68
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement PAYROLL LIABILITY 001 Category/Type	
Candidate Name		Transaction ID : SB17.9326
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address TELFAIR SQUARE		Amount of Each Disbursement this Period 9.80
City SAVANNAH State GA Zip Code 31401-9991	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.9367
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5670.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address TELFAIR SQUARE		Amount of Each Disbursement this Period 49.00
City SAVANNAH State GA Zip Code 31401-9991	Purpose of Disbursement STAMPS 001 Category/Type	
Candidate Name		Transaction ID : SB17.9027
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS - OGLETHORPE STATION		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1348 EISENHOWER DRIVE		Amount of Each Disbursement this Period 23.80
City SAVANNAH State GA Zip Code 31406	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.9448 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SARAH J VARDIAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 670.50
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.8956
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	719.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SARAH J VARDIAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 23.80 Transaction ID : SB17.9101
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR STAMPS: SEE MEMO Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. SARAH J VARDIAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 27.80 Transaction ID : SB17.8970
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement REIMBURSEMENT FOR OFFICE SUPPLIES: SEE MEMO Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. SARAH J VARDIAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 670.50 Transaction ID : SB17.8987
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	722.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 158	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SARAH J VARDIAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 1106 DRAYTON		Amount of Each Disbursement this Period 670.50 Transaction ID : SB17.8999
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. WAYCROSS JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 400 ISABELLA ST.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.9072
City WAYCROSS State GA Zip Code 31502	Purpose of Disbursement ADVERTISEMENT Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. WHITAKER STREET GARAGE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 7 WHITAKER STREET		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.9391 [MEMO ITEM]
City SAVANNAH State GA Zip Code 31401	Purpose of Disbursement PARKING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1570.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 158			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WHITAKER STREET GARAGE			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 7 WHITAKER STREET			Amount of Each Disbursement this Period 4.00
City SAVANNAH	State GA	Zip Code 31401	
Purpose of Disbursement PARKING		Category/ Type 001	Transaction ID : SB17.9393 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) 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		Category/ Type	
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)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C.			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		Category/ Type	
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)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	578726.86

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 Y

Date Due

M /

D /

Y 12/1/2015 Y

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/10.4765**

LOAN SOURCE Full Name (Last, First, Middle Initial) EARL LEROY CARTER	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 406 PURPLE FINCH DR		
City POOLER	State GA	ZIP Code 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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/10.5285

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
09 / 30 / 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

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/10.6214

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 12 / D 31 / Y 2013

Date Due

M / D / Y 12/01/2015

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/10.6957**

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

03 / 31 / 2014

Date Due

12/01/2015

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/10.8522

BUDDY CARTER FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

EARL LEROY CARTER

Primary

General

Other (specify) ▼

Runoff

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

07 / 02 / 2014

Date Due

12/01/2015

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/10.9344**

LOAN SOURCE Full Name (Last, First, Middle Initial) EARL LEROY CARTER	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 406 PURPLE FINCH DR		
City POOLER	State GA	ZIP Code 31322

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 07 / 2014	12/01/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="200000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="500000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	