

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

Team Buddy

ADDRESS (number and street)

824 S. Milledge Ave

☐(Check if address  
is changed)

Suite 101

Athens

CITY ▲

GA

STATE ▲

30605

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address  
is changed)

teambuddy@pdscompliance.com

Optional Second E-Mail Address

admin@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
11 / 12 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00726802

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

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

Type or Print Name of Treasurer Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
12 / 20 / 2021

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought: ☐ House ☐ Senate ☐ President State  District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.	BUDDY CARTER FOR CONGRESS	FEC ID number	C	C00543967
2.	BUDDY PAC	FEC ID number	C	C00597062
3.	NRCC	FEC ID number	C	C00075820
4.		FEC ID number	C	

Write or Type Committee Name

Team Buddy

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kilgore, Paul, , ,

Mailing Address

824 S. Milledge Ave

Suite 101

Athens

GA

30605

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

706

534

7780

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Kilgore, Paul, , ,

Mailing Address

824 S. Milledge Ave

Suite 101

Athens

GA

30605

Title or Position

CITY

STATE

ZIP CODE

Telephone number

706

534

7780

Full Name of  
Designated  
Agent

Goode, Michael, , ,

Mailing Address

824 S. Milledge Ave

Athens

CITY

GA

STATE

30605

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Cadence

Mailing Address

2234 W Broad St

Athens

CITY

GA

STATE

30606

ZIP CODE

Name of Bank, Depository, etc.

Classic City Bank

Mailing Address

2365 W. Broad Street

Athens

CITY

GA

STATE

30606

ZIP CODE