

**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)

PO BOX 10570



Check if different than previously reported. (ACC)

SAVANNAH

GA

31412-0770

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00543967

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

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

11

D D / Y Y Y Y

26

Y Y Y Y

2024

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2024

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 KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BUDDY CARTER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
11 / 26 / 2024

To:

MM / DD / YYYY
12 / 31 / 2024

	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))	38044.07	49931.33
(b) Total Contribution Refunds (from Line 20(d))	500.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	37544.07	47931.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43397.69	75815.56
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	43397.69	75815.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	3018930.34	
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)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BUDDY CARTER FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024**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).....**

11100.00

15625.00

(ii) Unitemized

1944.07

2806.33

**(iii) TOTAL of contributions
from individuals**

13044.07

18431.33

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

25000.00

31500.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

38044.07

49931.33

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

25677.04

25677.04

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

63721.11

75608.37

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43397.69	75815.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	43897.69	77815.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2999106.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63721.11
25. SUBTOTAL (add Line 23 and Line 24).....	3062828.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43897.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3018930.34

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 26

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

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

NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

BEAL, MARY, DEANNA, ,

A.

Mailing Address 206 11TH ST NE

City

WASHINGTON

State

DC

Zip Code

20002-6218

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2024D D / Y Y Y Y Y
23 / 2024Y Y Y Y Y
2024

Transaction ID : A9B55A95DF8E44F3EBF2

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BOOVA, VIJAY, , ,

B.

Mailing Address 715 WAVERLY PT

City

MACON

State

GA

Zip Code

31210-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2024D D / Y Y Y Y Y
23 / 2024Y Y Y Y Y
2024

Transaction ID : AF9ECBF3A0D054D81A9E

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BURLEIGH, ALBERT, , ,

C.

Mailing Address 11456 KATE CT

City

MONTGOMERY

State

TX

Zip Code

77316-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2024D D / Y Y Y Y Y
23 / 2024Y Y Y Y Y
2024

Transaction ID : AF0615B7E614F4E5BA88

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

FLANNERY, JAMES, M., ,

A.

Mailing Address 123 MICKEY CT

City

MOHRSVILLE

State

PA

Zip Code

19541-8782

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : A8FF3EF50E8FF46738F0

Amount of Each Receipt this Period

250.00



Memo Item

Full Name (Last, First, Middle Initial)

GORDON, TIM, , ,

B.

Mailing Address 105 VISTA LN

City

FORSYTH

State

GA

Zip Code

31029-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : A28D697E8788C406E9BF

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

HATCHER, MARK, R., ,

C.

Mailing Address 640 CRAWFORD RD

City

MACON

State

GA

Zip Code

31210-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

Transaction ID : A59B0605458D445FF8D6

Amount of Each Receipt this Period

250.00



Memo Item

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

1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

HENDRIX, MELISA, , ,

A.

Mailing Address 3880 NEVILS GROVELAND RD

City

PEMBROKE

State

GA

Zip Code

31321-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

BULLOCH TELEPHONE COOPERATIVE

Occupation

COO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : A52D93E2B89DB4461995

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HOEY, BRIAN, DOUGLAS, , ,

B.

Mailing Address 1104 EMERALD DR

City

ALEXANDRIA

State

VA

Zip Code

22308-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAT'L COMMUNITY PHARMACISTS ASSOC

Occupation

PHARMACIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : AB0A528D869134214B4C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HORLOCK, PHILIP, , ,

C.

Mailing Address 21907 NOVI RD

City

NORTHVILLE

State

MI

Zip Code

48167-9786

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A493030B347B6476CA72

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

2500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

MOPPINS, ANGELA, BETH, ,

A. Mailing Address 23256 TORONJA CORTECity
CORONAState
CAZip Code
92883-9365FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : ABDC4F28B9FDA45ED878

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PAVER, STEPHEN, D., , JR.

B. Mailing Address 233 ENFIELD LNCity
MCDONOUGHState
GAZip Code
30252-5065FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : AF00FBC63EF5645A2B6D

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PITT, GABRIEL, , ,

C. Mailing Address 3 WINDWALK LNCity
SAVANNAHState
GAZip Code
31411-2222FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 27 2024

Transaction ID : A4990C3949292415B942

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 26

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

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

NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

RADULESCU, RAZVAN, , ,

A.

Mailing Address 8150 SE 138TH DR

City
PORTLANDState
ORZip Code
97236-7201FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUE BIRD CORPORATIONOccupation
CFO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : A7A155EAA18B245948C5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RAULERSON, BILL, F., ,

B.

Mailing Address 6306 ROYAL OAK DR

City
BLACKSHEARState
GAZip Code
31516-4754FEC ID number of contributing
federal political committee.

C

Name of Employer
L&R ENCLOSURESOccupation
PET DISTRIBUTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2024

Transaction ID : A51279185597145518A3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SANFREY, JEFFREY, , ,

C.

Mailing Address 1148 LUCKY DEBONAIR DR

City
MACONState
GAZip Code
31210-1212FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : A02564094A0B249869DF

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCARTZ, TED, M., ,

A.

Mailing Address 1702 GEORGIA CLUB DR

City

STATHAM

State

GA

Zip Code

30666-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A29EA71B7FDED4732A87

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SCHIEBER, SCOTT, A., ,

B.

Mailing Address 144 BROOKEFIELD DR

City

MACON

State

GA

Zip Code

31210-7524

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A71F26EF45AE24C0E95C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TUCKER, JAMES, R., , JR.

C.

Mailing Address 2237 46TH ST NW

City

WASHINGTON

State

DC

Zip Code

20007-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
AKIN GUMP STRAUSS HAUER & FELDOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A3ED18CECFD8E4ABDA1F

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1750.00

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:		PAGE 11 OF 26	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial) TUCKER, SAMUEL, STEVENS, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 21 2024	
Mailing Address 181 SAINT CLAIR DR			Transaction ID : A5F3300ED35C3499AA02	
City SAINT SIMONS ISLAN	State GA	Zip Code 31522-1046	Amount of Each Receipt this Period <div>50.00</div>	
FEC ID number of contributing federal political committee. C		Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <div>250.00</div>		

Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 12 30 2024	
Mailing Address PO BOX 9891			Transaction ID : AA443BEEA56CB4CEA8D0	
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period <div>50.00</div>	
FEC ID number of contributing federal political committee. C C00694323		Memo Item INTERMEDIARY		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <div>1901.33</div>		

Full Name (Last, First, Middle Initial) TUCKER, SAMUEL, STEVENS, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 27 2024	
Mailing Address 181 SAINT CLAIR DR			Transaction ID : A8EDB6452043446D890D	
City SAINT SIMONS ISLAN	State GA	Zip Code 31522-1046	Amount of Each Receipt this Period <div>50.00</div>	
FEC ID number of contributing federal political committee. C		Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <div>300.00</div>		

SUBTOTAL of Receipts This Page (optional).....▶	<div>100.00</div>
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1901.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	4

Transaction ID : A8CC6E5835E3A4780BFB

Amount of Each Receipt this Period

50.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
TURNER, ROBERT, C., ,**B.** Mailing Address 108 JULIENTON ISLAND DRCity
BRUNSWICKState
GAZip Code
31520-4426FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

TURNER & ASSOCIATES

INSURANCE AGENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	4

Transaction ID : A2DE68D64E4A94FF293D

Amount of Each Receipt this Period

1000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
VICKERS, GREGG, , ,**C.** Mailing Address 841 BUCKHEAD DRCity
HAWKINSVILLEState
GAZip Code
31036FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

BULLOCH SOLUTIONS

CFO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

Transaction ID : A276BFFD457704CFC9F4

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1500.00

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

11100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF CLINICAL PHARMACY PAC (ACCP-PAC)Mailing Address 1455 PENNSYLVANIA AVE NW
STE 400City
WASHINGTONState
DCZip Code
20004-1017FEC ID number of contributing
federal political committee.**C** C00486134

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2024

Transaction ID : AA029B1F7B44D49D5885

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS POLITICAL ACTION COMMITTEE (ASCP PAC)

Mailing Address 1321 DUKE ST

City
ALEXANDRIAState
VAZip Code
22314-3507FEC ID number of contributing
federal political committee.**C** C00199547

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2024

Transaction ID : A518754449132403DA01

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GREENBERG TRAUIG, P.A. PACMailing Address 54 STATE ST
FL 6City
ALBANYState
NYZip Code
12207-2510FEC ID number of contributing
federal political committee.**C** C00266585

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2024

Transaction ID : A02250079C6F24DA0A88

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

4000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

HIGHLAND ELECTRIC FLEETS, INC. PAC

A.Mailing Address 200 CUMMINGS CTR
STE 273DCity
BEVERLYState
MAZip Code
01915-6503FEC ID number of contributing
federal political committee.**C** C00888727

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A6766293DFC344D09839

Amount of Each Receipt this Period

3300.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

HIGHLAND ELECTRIC FLEETS, INC. PAC

Mailing Address 200 CUMMINGS CTR
STE 273DCity
BEVERLYState
MAZip Code
01915-6503FEC ID number of contributing
federal political committee.**C** C00888727

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A497B6506AC72494AAD7

Amount of Each Receipt this Period

1700.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAC

Mailing Address 1295 STATE ST

City
SPRINGFIELDState
MAZip Code
01111-0001FEC ID number of contributing
federal political committee.**C** C00118943

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		26		2024

Transaction ID : A044887CC14AC439190C

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

10000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF SPECIALTY PHARMACY PAC**A.**Mailing Address 300 NEW JERSEY AVE NW
STE 900City
WASHINGTONState
DCZip Code
20001-2271FEC ID number of contributing
federal political committee.**C** C00682641

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2024

Transaction ID : A04E79A34A8C442BB96A

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL SCHOOL TRANSPORTATION ASSOCIATION NSTAPAC**B.**Mailing Address 4573 S BROAD ST
STE 200City
HAMILTONState
NJZip Code
08620-2215FEC ID number of contributing
federal political committee.**C** C00179275

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2024

Transaction ID : AB72F530C32FB49C9A8F

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NEXTERA ENERGY, INC. PAC**C.**Mailing Address 801 PENNSYLVANIA AVE NW
STE 220City
WASHINGTONState
DCZip Code
20004-2679FEC ID number of contributing
federal political committee.**C** C00064774

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2024

Transaction ID : AA81B12B0949E453FA29

Amount of Each Receipt this Period

3000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND**A.**

Mailing Address 2155 HIGHWAY 42 S

City

MCDONOUGH

State

GA

Zip Code

30252-7636

FEC ID number of contributing
federal political committee.**C** C00265546

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	2	4

Transaction ID : A4BC05CA57BCE4A1B8D4

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. PAC (AOTPA)**B.**Mailing Address 4720 MONTGOMERY LN
STE 200

City

BETHESDA

State

MD

Zip Code

20814-3449

FEC ID number of contributing
federal political committee.**C** C00089086

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : A68680EF3262A4A9DAAB

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3000.00

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

25000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERIS BANK

A.

Mailing Address PO BOX 790408

City

SAINT LOUIS

State

MO

Zip Code

63179-0408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

25677.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	2	4

Transaction ID : A61406711A6EF4974853

Amount of Each Receipt this Period

25677.04



Memo Item

BANK INTEREST

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period



Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period



Memo Item

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

25677.04

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

25677.04

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 6602 ABERCORN, LLC

Mailing Address PO BOX 15246

City
SAVANNAHState
GAZip Code
31416-1946Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

908.75

Transaction ID : B3FC1044C637348AEA83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 6602 ABERCORN, LLC

Mailing Address PO BOX 15246

City
SAVANNAHState
GAZip Code
31416-1946Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

908.75

Transaction ID : B22D1BBA970DF4BDF908

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERIS BANK

Mailing Address PO BOX 790408

City
SAINT LOUISState
MOZip Code
63179-0408Purpose of Disbursement
SEE MEMOS

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

5183.88

Transaction ID : B3E92100D5C0449BCBEF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7001.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
WALTHAMState
MAZip Code
02451-7333

FEC Identification Number

CPurpose of Disbursement
SOFTWARE EXPENSE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

866.00

Transaction ID : BFB68FFA411B2422DA49

☒ Memo Item

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. WREATHS ACROSS AMERICA

Mailing Address 4 POINT ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
COLUMBIA FALLSState
MEZip Code
04623-5306

FEC Identification Number

CPurpose of Disbursement
STAFF/DONOR GIFTS (WREATHS)

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

510.00

Transaction ID : B60F0407F49E4424AA22

☒ Memo Item

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. HOUSE GIFT SHOPMailing Address LONGWORTH BLDG
BASEMENT LEVEL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
WASHINGTONState
DCZip Code
20515-0001

FEC Identification Number

CPurpose of Disbursement
STAFF/DONOR GIFTS (CHRISTMAS ORNAMENTS)

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3800.00

Transaction ID : BC2E906CE62F643BFB1E

☒ Memo Item

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).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANE STRATEGIESMailing Address 2100 PGA BLVD
APT 314City
NORTH PALM BEACHState
FLZip Code
33408-2782Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B1A9EA9CB9EE341AEAFB

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

80.90

Transaction ID : B188AEA2B64FF44D2BF6

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : BF2E04A173F41440F97E

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3085.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address P.O. BOX 537104

City
ATLANTAState
GAZip Code
30353-7104Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

127.71

Transaction ID : BA739BE9520AA4903BF7

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
CATERING EXPENSE

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

446.10

Transaction ID : B415C38D43C814ED98A5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
CATERING EXPENSE

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

308.75

Transaction ID : B0D153A4617E449219C3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

882.56

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARTER, AMY, , ,

Mailing Address 406 PURPLE FINCH DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City
POOLERState
GAZip Code
31322-1712

FEC Identification Number

CPurpose of Disbursement
SEE MEMOS

001

Amount of Each Disbursement this Period

437.96

Transaction ID : BE7986A64BAD64110A9A

☐ Memo Item

Candidate Name

Category/
Type

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. DELTA AIRLINES

Mailing Address PO BOX 20706

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City
ATLANTAState
GAZip Code
30320-6001

FEC Identification Number

CPurpose of Disbursement
AIRFARE

001

Amount of Each Disbursement this Period

437.96

Transaction ID : B873C02E0769B4EEBB91

☒ Memo Item

Candidate Name

Category/
Type

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. FUNDRAISING, INC.Mailing Address 800 W 47TH ST
STE 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2024

City
KANSAS CITYState
MOZip Code
64112-1244

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING CONSULTING

001

Amount of Each Disbursement this Period

531.75

Transaction ID : BB945FB105C2D4957A46

☐ Memo Item

Candidate Name

Category/
Type

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).....▶

969.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. IMPRESSION STRATEGY

Mailing Address 8506 BETHANY CT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2024

City
VIENNAState
VAZip Code
22182-5059

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Amount of Each Disbursement this Period

3147.99

Transaction ID : B6CE155F709704495B48

☐ Memo Item

Candidate Name

Category/
Type

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. MONROE MARKETING

Mailing Address P.O. BOX 14558

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2024

City
SAVANNAHState
GAZip Code
31416-1558

FEC Identification Number

C

Purpose of Disbursement
ADVERTISING

004

Amount of Each Disbursement this Period

7247.00

Transaction ID : B8E0A815C483544FAA8A

☐ Memo Item

Candidate Name

Category/
Type

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. NOLAN, EMMITT, , ,

Mailing Address 724 STONEWALL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2024

City
BRUNSWICKState
GAZip Code
31520-7773

FEC Identification Number

C

Purpose of Disbursement
CONTRACT WORK

001

Amount of Each Disbursement this Period

2000.00

Transaction ID : BA575FDEB61604452B84

☐ Memo Item

Candidate Name

Category/
Type

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).....▶

12394.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. O'DONNELL AND ASSOCIATES, LTD.

Mailing Address 829 EMERALD DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	2	4

City
ALEXANDRIAState
VAZip Code
22308-2623

FEC Identification Number

CPurpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : B6A1DDAA4BE7A4C129E9

☐ Memo Item

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. PROFESSIONAL DATA SERVICESMailing Address 824 S. MILLEDGE AVE
STE 101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	2	4

City
ATHENSState
GAZip Code
30605-1332

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2011.04

Transaction ID : BC96FFE0278A94C52984

☐ Memo Item

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. SEA ISLAND ACQUISITION, LLC

Mailing Address 100 CLOISTER DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	2	4

City
SEA ISLANDState
GAZip Code
31561-9705

FEC Identification Number

CPurpose of Disbursement
EVENT FACILITY RENTAL

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7914.88

Transaction ID : B1F217AE8D8FE4657BDA

☐ Memo Item

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).....▶

12425.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SOUTH END STRATEGIES

Mailing Address 1300 N ST. NW #401

City
WASHINGTONState
DCZip Code
20005-3690Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9684E7F93075476A9B7

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTH END STRATEGIES

Mailing Address 1300 N ST. NW #401

City
WASHINGTONState
DCZip Code
20005-3690Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BB51D4F32E3CC466397B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD.,

City
ARLINGTONState
VAZip Code
22206-3601Purpose of Disbursement
DIRECT MAIL PRODUCTION

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1480.29

Transaction ID : BE9B8DF516EB84945BD7

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6480.29

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

43240.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

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

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NAME OF COMMITTEE (In Full)

BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STEVIE WALL FOR MAYOR

Mailing Address PO BOX 4

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2024

City
POOLERState
GAZip Code
31322-0004

FEC Identification Number

C

Purpose of Disbursement
REFUND

010

Amount of Each Disbursement this Period

500.00

Transaction ID : BB1EBC654E74542ECBE4

☐ Memo ItemCandidate Name
STEVIE WALL FOR MAYORCategory/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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).....▶

500.00

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

500.00