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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) CARTER, EARL, LEROY, ,						
	(b) Address (number and street) 406 PURPLE FINCH DR	□ CI	neck if addre	ss changed		2. Candidate's FEC Identification N H4GA01039	lumber
	(c) City, State, and ZIP Code		0.	2422	2	3. Is This New	Amended (A)
4	POOLER	5 O#: O	G/	3132		Statement (N) OR	(A)
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sough	nt		GA	rict of Candidate 01	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE	
7.	I hereby designate the following nar	ned political cor	mmittee as n	ny Principal	Campaign Com	mittee for the 2026 (year of election)	on(s).
	NOTE: This designation should be f	led with the ap	propriate offi	ce listed in t	he instructions.		
	(a) Name of Committee (in full)						
	BUDDY CARTER F	OR CONG	RESS				
	(b) Address (number and street)						
	200 E ST JULIAN ST SUITE (503					
	(c) City, State, and ZIP Code						
	SAVANNAH				GA	31401-2754	
	DE	SIGNATIO	N OF OT	HED VII	THORIZED	COMMITTEES	
	DL				g Representativ		
8.	I hereby authorize the following name candidacy.	ed committee,	which is NO	T my princip	al campaign cor	nmittee, to receive and expend funds	on behalf of my
	NOTE: This designation should be f	led with the pri	ncipal campa	aign committ	ee.		
	(a) Name of Committee (in full)						
	HEALTH FIRST CC	MMITTE	≣				
	(b) Address (number and street) PO BOX 30844						
	FO BOX 30044						
	(c) City, State, and ZIP Code						
	BETHESDA				MD	20824	
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correct and compl	ete.
Si	gnature of Candidate					Date	
C	ARTER, EARL, LEROY, ,					11/18/2024	
NO	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Rep	resentati	ves)				
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	REPUBLICANS INSPIRING SUCCESS & EMPOWE	REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)					
	(b) Address (number and street) PO BOX 2485						
	(c) City, State, and ZIP Code						
	SPRINGFIELD VA		22152				
8.	8. I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE : This designation should be filed with the principal campaign co		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	BUDDY PAC						
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101						
	(c) City, State, and ZIP Code						
	ATHENS		30605				
8.	8. I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE: This designation should be filed with the principal campaign compared (a) Name of Committee (in full) TEAM BUDDY (b) Address (number and street) 824 S. MILLEDGE AVE SUITE 101 (c) City, State, and ZIP Code ATHENS GA		mmittee, to receive and expend funds on behalf of my 30605				
8.	8. I hereby authorize the following named committee, which is NOT my principal cam candidacy. NOTE : This designation should be filed with the principal campaign co	-	mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	REPUBLICANS INSPIRING SUCCESS & EMPOWE	RMEN	IT PROJECT (RISE PROJECT)				
	(b) Address (number and street) PO BOX 2485						
	(c) City, State, and ZIP Code						
	SPRINGFIELD VA		22152				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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raye	Oi	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my adidacy. NOTE : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)				
	BUDDY PAC				
	(b) Address (number and street)				
	824 S MILLEDGE AVE STE 101				
	(c) City, State, and ZIP Code				
	ATHENS	GA	30605		
8.	I hereby authorize the following named committee, which is NO candidacy. NOTE : This designation should be filed with the prin			n behalf of my	
	(a) Name of Committee (in full)				
	TEAM BUDDY				
	(b) Address (number and street) 824 S. MILLEDGE AVE SUITE 101				
	(c) City, State, and ZIP Code				
	ATHENS	GA	30605		
8.	I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the print (a) Name of Committee (in full)	ncipal campaign committe	e.	n behalf of my	
	REPUBLICANS INSPIRING SUCCESS	& EMPOWERME	NT PROJECT (RISE PROJI	ECT)	
	REPUBLICANS INSPIRING SUCCESS (b) Address (number and street) PO BOX 2485	& EMPOWERME	NT PROJECT (RISE PROJI	ECT)	
	(b) Address (number and street)	& EMPOWERME	NT PROJECT (RISE PROJI	ECT)	
	(b) Address (number and street) PO BOX 2485	& EMPOWERME	22152	ECT)	
8.	(b) Address (number and street) PO BOX 2485 (c) City, State, and ZIP Code	VA T my principal campaign	22152 committee, to receive and expend funds o	, 	
8.	(b) Address (number and street) PO BOX 2485 (c) City, State, and ZIP Code SPRINGFIELD I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the prin (a) Name of Committee (in full) BUDDY PAC	VA T my principal campaign	22152 committee, to receive and expend funds o	, 	
8.	(b) Address (number and street) PO BOX 2485 (c) City, State, and ZIP Code SPRINGFIELD I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the prin (a) Name of Committee (in full) BUDDY PAC (b) Address (number and street)	VA T my principal campaign	22152 committee, to receive and expend funds o	, 	

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)				
	TEAM BUDDY				
	(b) Address (number and street) 824 S. MILLEDGE AVE SUITE 101				
	(c) City, State, and ZIP Code ATHENS	GA	30605		
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp				
	(a) Name of Committee (in full)				
	REPUBLICANS INSPIRING SUCCESS & EMP	OWERME	NT PROJECT (RISE PROJECT)		
	(b) Address (number and street) PO BOX 2485				
	(c) City, State, and ZIP Code SPRINGFIELD	VA	22152		
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp (a) Name of Committee (in full)				
	BUDDY PAC				
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101				
	(c) City, State, and ZIP Code				
	ATHENS	GA	30605		
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp				
	(a) Name of Committee (in full)				
	TEAM BUDDY				
	(b) Address (number and street) 824 S. MILLEDGE AVE				
	SUITE 101 (c) City, State, and ZIP Code				
	ATHENS	GA	30605		