

Image# 202411189719988355

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CARTER, EARL, LEROY, ,			2. Candidate's FEC Identification Number H4GA01039	
(b) Address (number and street) 406 PURPLE FINCH DR		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code POOLER GA 31322		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate GA 01		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) BUDDY CARTER FOR CONGRESS		
(b) Address (number and street) 200 E ST JULIAN ST SUITE 603		
(c) City, State, and ZIP Code SAVANNAH GA 31401-2754		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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) HEALTH FIRST COMMITTEE		
(b) Address (number and street) PO BOX 30844		
(c) City, State, and ZIP Code BETHESDA MD 20824		

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

Signature of Candidate CARTER, EARL, LEROY, ,	Date 11/18/2024
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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(a) Name of Committee (in full)

REPUBLICANS INSPIRING SUCCESS &amp; EMPOWERMENT 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 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)

BUDDY PAC

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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(a) Name of Committee (in full)

TEAM BUDDY

(b) Address (number and street)

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SUITE 101

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