

Image# 202505099760907387

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Carter, Earl, Leroy, ,			2. Candidate's FEC Identification Number S6GA00374	
(b) Address (number and street) 194 Hampton Point Dr.		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Saint Simons GA 31322		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate GA 00		

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 SENATE		
(b) Address (number and street) PO BOX 10570		
(c) City, State, and ZIP Code SAVANNAH GA 31412		

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) REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)		
(b) Address (number and street) PO BOX 2485		
(c) City, State, and ZIP Code SPRINGFIELD VA 22152		

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 05/09/2025
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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)

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)

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 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

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)

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 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)

(b) Address (number and street)

(c) City, State, and ZIP Code