FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BUDDY CARTER FOR SENATE PO Box 10570 ADDRESS (number and street) (Check if address is changed) SAVANNAH 31412 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address buddycarter@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00543967 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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,, Date 07 14 2025 Signature of Treasurer Kilgore, Paul, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of CARTER, EARL LEROY, , ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State GA District 00
(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 Republication	n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ted fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1	

Title or Position ▼

| TREASURER

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	FEC Form 1 (Revised 0	2/2009)	Page 3
V	Vrite or Type Committee Name		
	BUDDY CARTE	R FOR SENATE	
6.		rganization, Affiliated Committee, Joint Fundraising Representative, PIRING SUCCESS & EMPOWERMENT PROJECT (F	
	Mailing Address	PO BOX 2485	
		SPRINGFIELD	22152
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represent	ative Leadership PAC Sponso
7.	Custodian of Records: Identicate books and records. Kilgore, Pa	ify by name, address (phone number optional) and position of the personul, , ,	n in possession of committee
	Mailing Address	824 S. Milledge Ave	
		Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	706 - 534 - 7780
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of
	Full Name Kilgore, Pa	ul, , ,	
	Mailing Address	824 S. Milledge Ave	
		Ste 101	
		Athens	30605

CITY A

ZIP CODE ▲

7780

534

STATE lacktriangle

Telephone number

706

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	-	Telephone number	-
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which ixes or maintains funds.	n the committee deposits funds,	holds accounts, rents
Name of Bank,	Depository, etc.		
	Suntrust		1
Mailing Address	PO Box 4418	1 1 1 1 1 1 1 1 1 1 1	
-			
	Atlanta	GA 30	302
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	BB&T		
Mailing Address	PO Box 2485		
			1
	Springfield	VA 221	152
	CITY A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	OI	

1						
				FEC II	O number	С
2.				FEC II	O number	С
3.				FEC II	O number	С
4.				FEC II	O number	С
_			ed Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spor
HEALTH I	FIRST COMM	MITTEE				
Mailing .	Address	PO BOX 30844				
		BETHESDA		I	MD	20824
Relation	nship:		CITY A		STATE A	ZIP CODE ▲
esignated A	Connected		iliated Committee X hone number – option	Joint Fundraisin	9 1001000111	ative Leadership PAC S
esignated A	Agent: Identify					
	agent: Identify					
Full Name	agent: Identify					
Full Name	agent: Identify					
Full Name	agent: Identify	by name, address (p		al)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
BUDDY PAC			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
		STATE ▲	ZIP CODE ▲
	clTY ▲ d Organization	int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the proposition of Bank, Depository, etc.	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TEAM BUDDY			
Mailing Address	824 S. MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA L	30605
Deletienskin	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
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Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connect Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization		
Connect Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Connect Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Jame of Bank, American Depository, etc.	Affiliated Committee X Journal of Journal of States (phone number – optional) CITY Ories: List all banks or other depositories in which an aintains funds. S Bank	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		L FEC	ID number	
		FEC FEC	ID number	С
3.		FEC FEC	ID number	C
4.		FEC	ID number	C
Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising R	epresentative	e, or Leadership PAC Spons
Mailing Address				
				ZIP CODE A
Relationship:	CITY ▲		STATE A	ZIP CODE A
Connected esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number –			
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee			
Connected Designated Agent: Identify	Organization Affiliated Committee			
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee			
Connected Designated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee			
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee		ng Representa	Leadership PAC Sp