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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)	☐ Check	if address	changed		2. Candidate's FEC Identification Number	
	406 PURPLE FINCH DR					H4GA01039	
	(c) City, State, and ZIP Code		GA	3132	2	3. Is This New Amended Statement (N) OR (A)	d
4.	POOLER Party Affiliation	5. Office Sought	GA	3132		rict of Candidate	
	REPUBLICAN PARTY	House			GA	01	
	DE	SIGNATION C	F PRIN	CIPAL	CAMPAIGN	N COMMITTEE	
7.	I hereby designate the following nar	ned political commit	tee as my I	Principal (Campaign Comm	nittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be f	iled with the approp	riate office	listed in tl	ne instructions.		
	(a) Name of Committee (in full) BUDDY CARTER F	OR CONGR	ESS				
	(b) Address (number and street) 200 E ST JULIAN ST SUITE (603					
	(c) City, State, and ZIP Code						
	SAVANNAH				GA	31401-2754	
8.	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 f	iled with the principa	al campaigr	n committe	ee.		
	(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.							
	gnature of Candidate					Date	•
C	ARTER, EARL, LEROY, ,			[Elect	ronically Filed]	11/17/2022	
N	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 Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds 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 V	/A	22152			
8.	 I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE: This designation should be filed with the principal campaign 	nmittee, 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 GA	A	30605			
8.	3. I hereby authorize the following named committee, which is NOT my principal car candidacy. NOTE: This designation should be filed with the principal campaign of (a) Name of Committee (in full) TEAM BUDDY		nmittee, to receive and expend funds on behalf of my			
	(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 r 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	A	22152			

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. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on b 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 princip candidacy. NOTE : This designation should be filed with the principal campa				
	(a) Name of Committee (in full) TEAM BUDDY				
	TEAIN BODD T				
	(b) Address (number and street) 824 S. MILLEDGE AVE				
	SUITE 101				
	(c) City, State, and ZIP Code				
	ATHENS	GA	30605		
8.	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		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (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	C 4	20005		
	ATHENS	GA	30605		

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	4	of	4

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representa	tives)			
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 c candidacy. NOTE: This designation should be filed with the principal campaign committee				
	(a) Name of Committee (in full)				
	(b) Address (number and street)				
	(b) Address (Hamber and street)				
	(c) City, State, and ZIP Code				
8.	I hereby authorize the following named committee, which is NOT my principal campaign c candidacy. NOTE: This designation should be filed with the principal campaign committee				
	(a) Name of Committee (in full)				
	(b) Addraga (aumbar and atreat)				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code				
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign c	ommittee, 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				