FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BUDDY CARTER FOR CONGRESS** PO Box 10570 ADDRESS (number and street) (Check if address is changed) SAVANNAH 31412 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS buddycarter@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) buddycarterforcongress.com (Check if address is changed) DATE 25 2013 C00543967 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 12 20 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

		- •
	form 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate	CARTER, EARL LEROY, , ,	
Candidate Party Affilia	otion REP Office Sought: * House Senate President	State GA District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fun	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

1	FEC Form 1 (Revise	sed 02/2009)	Page 3
Write o	r Type Committee Na	lame	
BU	DDY CAR	TER FOR CONGRESS	
6. Nam	ne of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
REPL	JBLICANS INS	SPIRING SUCCESS & EMPOWERMENT PROJECT (RISE P	ROJECT)
Maili	ng Address	PO BOX 2485	
		SPRINGFIELD VA 22152	
		CITY STATE	ZIP CODE
Relat	tionship: Conne	ected Organization Affiliated Committee X Joint Fundraising Representative Lea	ndership PAC Sponsor
	codian of Records: I s and records.	Identify by name, address (phone number optional) and position of the person in pos	session of committee
.	-	e, Paul, , ,	1
	Name L	824 S. Milledge Ave	
Maili	ng Address	,Ste 101	
		Athens , GA , 30605	
		, where	
Title	or Position	CITY STATE	ZIP CODE
TR	EASURER		534 7780
		e and address (phone number optional) of the treasurer of the committee; and the nai g., assistant treasurer).	me and address of
	Name Kilgore easurer L	e, Paul, , ,	
Mailir	ng Address	824 S. Milledge Ave	
		Ste 101	
		Athens GA 30605	
Tiale	or Decition	CITY STATE	ZIP CODE
	or Position EASURER	706 Telephone number	534 - 7780

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent Goode, N	Michael, , ,		
Mailing Address	824 S. Milledge Ave		
	Athens	GA 30605 STATE	ZIP CODE
Title or Position	Telephone		
 Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, 		mmittee deposits funds, hol	ds accounts, rents
Suntru			
Mailing Address	PO Box 4418		
	Atlanta	GA 30302	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
BB&T Mailing Address	PO Box 2485		
	Springfield	VA 22152	
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
HEALTH FIRST	COMMITTEE		
1			
Mailing Address	PO BOX 30844		
	BETHESDA	ı MDı	20824
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.	CITY A	SIAIE	ZIP CODE
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi	by by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	ndraising Representativ	e. or Leadership PAC Spon
BUDDY PAC			
	824 S MILLEDGE AVE STE 101		
Mailing Address			
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional) CITY		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or	or(h). Joint Fundraisin g	a Participant:			
- (9) - :	1.	,	FEC ID nu	ımber C	
	2.		FEC ID nu	ımber C	
	3.		FEC ID nu	ımber C	
			FEC ID nu		
	4				
6. I	Name of Any Connected (Organization, Affiliated Committee, Joint Fun	draising Repres	entative, o	r Leadership PAC Sponsor
	Mailing Address	824 S. MILLEDGE AVE			
		SUITE 101			
		ATHENS		GA	30605
	Relationship:	CITY A	S	ATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Jo	int Fundraising Re	presentative	Leadership PAC Sponsor
8. I	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	1 1 1	
	Mailing Address	1		1 1 1	
	ū				
					1 1 1
	TITLE OF POSITION	CITY A	STA	TE A	ZID CODE A
	TITLE OR POSITION	1		TE 🛦	ZIP CODE ▲
	IIILE OR POSITION	•	STA Telephone Numb		ZIP CODE ▲
1		ies: List all banks or other depositories in which intains funds.	Telephone Numb	per	
1	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds. Bank	Telephone Numb	per	
1	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds. Bank	Telephone Numb	deposits fu	

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

h). Joint Fundraisin	5			
1.			FEC ID number	
2.			FEC ID number	C
3.			FEC ID number	C
4			FEC ID number	C
ame of Any Connected	Organization, Affiliate	d Committee, Joint Fur	ndraising Representat	ive, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE A	▲ ZIP CODE ▲
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			oint Fundraising Represe	ntative Leadership PAC Sp
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esignated Agent: Identify	by name, address (ph		oint Fundraising Represe	
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