

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 OLD BREED PAC

ADDRESS (number and street) PO BOX 183 HUDSON WI 54016

2. FEC IDENTIFICATION NUMBER C C00819425 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2023 through 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer DATWYLER, THOMAS, , ,

Signature of Treasurer DATWYLER, THOMAS, , , Date 10 / 09 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OLD BREED PAC

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (2438.71); (b) Cash on Hand at Beginning of Reporting Period (2438.71); (c) Total Receipts (from Line 19) (42782.80); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (45221.51); 7. Total Disbursements (from Line 31) (8212.05); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (37009.46); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**OLD BREED PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10000.00	10000.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10100.00	10100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10100.00	10100.00
12. Transfers From Affiliated/Other Party Committees.....	32682.80	32682.80
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	42782.80	42782.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42782.80	42782.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7212.05	7212.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7212.05	7212.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8212.05	8212.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8212.05	8212.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10100.00	10100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10100.00	10100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7212.05	7212.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7212.05	7212.05

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MASSEY, ALBERT, , ,**  
 Mailing Address 575 EASTVIEW WAY  
 City WOODSIDE State CA Zip Code 94062-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2023  
**Transaction ID : AF10C3BCD274D4E54B29**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MASSEY, VALETA, , ,**  
 Mailing Address 575 EASTVIEW WAY  
 City WOODSIDE State CA Zip Code 94062-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLOS DE LA TECH Occupation (for Individual) WINEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2023  
**Transaction ID : A0C28A74E3A3445CAB55**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. MCCORMICK VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 183

City HUDSON	State WI	Zip Code 54016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00828202

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6528.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2023

**Transaction ID : AED4E7F2ECBB9476DA07**

Amount of Each Receipt this Period  
6528.00

Memo Item  
**TRANSFER FROM AUTHORIZED COMMITTEE**

**B. HAMILTON, ANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4474 WHITESTONE WAY

City SUWANEE	State GA	Zip Code 30024-7593
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
THORNBRIAR CAPITAL LLC BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

**Transaction ID : AEFC116D856DC405A994**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. HAMILTON, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4474 WHITESTONE WAY

City SUWANEE	State GA	Zip Code 30024-7593
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
THORNBRIAR CAPITAL BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

**Transaction ID : A007F7C1F41304CBE89F**

Amount of Each Receipt this Period  
1800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6528.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. MCCORMICK VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 183**

City **HUDSON** State **WI** Zip Code **54016**

FEC ID number of contributing federal political committee. **C C00828202**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **32682.80**

Date of Receipt **06 / 30 / 2023**  
Transaction ID : **A3A81E0D338454A6681A**

Amount of Each Receipt this Period **26154.80**

Memo Item  
**TRANSFER FROM AUTHORIZED COMMITTEE**

**B. ABERNATHY, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4725 CUYAHOCA CV**

City **SUWANEE** State **GA** Zip Code **30024**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 06 / 2023**  
Transaction ID : **A99D6AAF282DB4A9DB8C**

Amount of Each Receipt this Period **900.00**

Memo Item

**C. SMITHART-OGLESBY, DEBRA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **969 MIDDLE FORK TRL**

City **SUWANEE** State **GA** Zip Code **30024**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 08 / 2023**  
Transaction ID : **A370173A7EE1D43A4A6C**

Amount of Each Receipt this Period **5000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>26154.80</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. OGLESBY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 969 MIDDLE FORK TRL  
 City SUWANEE State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 08 / 2023  
**Transaction ID : A170A499EC3984A64BA4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. CIRCELLI, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3259 DULUTH HIGHWAY 120 STE 200  
 City DULUTH State GA Zip Code 30096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 19 / 2023  
**Transaction ID : AB80F1917FA0A4BFD8C7**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. ABERNATHY, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4725 CUYAHOCA CV  
 City SUWANEE State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 06 / 2023  
**Transaction ID : AF422374CA81142D2926**  
 Amount of Each Receipt this Period 900.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. PACE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 CAMELOT DR  
 City HARTWELL State GA Zip Code 30643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACE-O-MATIC Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2023  
**Transaction ID : A9246B6DDA0FA45EABD/**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. PACE, KARMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 CAMELOT DR  
 City HARTWELL State GA Zip Code 30643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PACE-O-MATIC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2023  
**Transaction ID : AC381DDFDBA71426C90B**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	32682.80

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. 9SEVEN CONSULTING**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 183

City HUDSON State WI Zip Code 54016-0183

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 09 / 2023

FEC Identification Number: C  
Transaction ID : B6F94AE1A3  
Amount of Each Disbursement this Period: 1089.95

Memo Item

**B. 9SEVEN CONSULTING**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 183

City HUDSON State WI Zip Code 54016-0183

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2023

FEC Identification Number: C  
Transaction ID : BB881E2AF8  
Amount of Each Disbursement this Period: 6.00

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1340 POYDRAS STREET SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 30 / 2023

FEC Identification Number: C  
Transaction ID : B7569C727B  
Amount of Each Disbursement this Period: 404.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.55

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OLD BREED PAC**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address PO BOX 716045

City  
PHILADELPHIA

State  
PA

Zip Code  
19171-6045

Purpose of Disbursement

DATABASE

Candidate Name

001

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : **BD83A10175**

Amount of Each Disbursement this Period

[REDACTED] 450.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address PO BOX 716045

City  
PHILADELPHIA

State  
PA

Zip Code  
19171-6045

Purpose of Disbursement

DATABASE

Candidate Name

001

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : **B61F06B1C9**

Amount of Each Disbursement this Period

[REDACTED] 450.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AXCAPITAL, LLC**

Mailing Address 800 W 47TH ST  
STE 200

City  
KANSAS CITY

State  
MO

Zip Code  
64112-1244

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

001

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : **B6D420D7CE**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1150.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

Full Name (Last, First, Middle Initial)

### A. AXCAPITAL, LLC

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **BD05A19016**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. AXCAPITAL, LLC

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B7888FFFCE**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C. AXCAPITAL, LLC

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B20EAA06F4**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

Full Name (Last, First, Middle Initial) <b>A. MAHONEY, RYAN, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2023
Mailing Address PO BOX 1386		FEC Identification Number C <b>Transaction ID : B168C96D02</b> Amount of Each Disbursement this Period 713.49
City ATHENS	State GA	
Zip Code 30603-1386		Memo Item <input type="checkbox"/>
Purpose of Disbursement EXPENSE REIMBURSEMENT		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOUBLETREE</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2023
Mailing Address 320 N 44TH ST		FEC Identification Number C <b>Transaction ID : B92980CE652</b> Amount of Each Disbursement this Period 713.49
City PHOENIX	State AZ	
Zip Code 85008-6501		Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement LODGING		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OAKVIEW GROUP</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2023
Mailing Address 801 FRONT AVE PO BOX 1611		FEC Identification Number C <b>Transaction ID : BC3AF2C802</b> Amount of Each Disbursement this Period 933.51
City COLUMBUS	State GA	
Zip Code 31901-2714		Memo Item <input type="checkbox"/>
Purpose of Disbursement CATERING		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1647.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. SIMPSON, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4798 OLD TIMBER RIDGE RD

City MARIETTA State GA Zip Code 30068-1680

Purpose of Disbursement EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2023

FEC Identification Number: C

Transaction ID : B7FB521853f

Amount of Each Disbursement this Period: 1351.50

Memo Item

**B. STICKERSBANNERS**

Full Name (Last, First, Middle Initial)

Mailing Address 3770 PEACHTREE CREST DR

City DULUTH State GA Zip Code 30097-8165

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2023

FEC Identification Number: C

Transaction ID : B8419151A0F

Amount of Each Disbursement this Period: 1351.50

Memo Item

**C. SINGLETON, PHILIP, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 43824 RIVERPOINT DRIVE

City LEESBURG State VA Zip Code 20176-8497

Purpose of Disbursement EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2023

FEC Identification Number: C

Transaction ID : B1BC8E4F3s

Amount of Each Disbursement this Period: 848.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2199.55

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1 SKYVIEW DR

City FORT WORTH State TX Zip Code 76155-1801

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2023

FEC Identification Number: C

Transaction ID : **BD7A67DED!**

Amount of Each Disbursement this Period: 473.40

Memo Item

**B. HOLIDAY INN**

Full Name (Last, First, Middle Initial)

Mailing Address 3 RAVINIA DR NE

City ATLANTA State GA Zip Code 30346-2118

Purpose of Disbursement HOTEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2023

FEC Identification Number: C

Transaction ID : **BBC86EC6E1**

Amount of Each Disbursement this Period: 282.66

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶ 7147.10



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OLD BREED PAC**

**A. COMMITTEE TO ELECT SCOTT HILTON**

Full Name (Last, First, Middle Initial)

Mailing Address 233 12TH ST  
200

City  
COLUMBUS

State  
GA

Zip Code  
31901-2462

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011
Category/ Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼  
ANNUAL

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2023

FEC Identification Number

C
Transaction ID : B023D95264
Amount of Each Disbursement this Period
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

1000.00
1000.00