



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**OLD BREED PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="2438.71"/>	<input type="text" value="2438.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2438.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="37682.80"/>	<input type="text" value="37682.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40121.51"/>	<input type="text" value="40121.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7807.45"/>	<input type="text" value="7807.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32314.06"/>	<input type="text" value="32314.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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](http://www.fec.gov)**

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**OLD BREED PAC**

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

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).....	5000.00	5000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	5000.00
(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) .....	5000.00	5000.00
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)).....▶	37682.80	37682.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37682.80	37682.80

**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 .....	6807.45	6807.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6807.45	6807.45
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)) ..	7807.45	7807.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7807.45	7807.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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<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) .....	5000.00	5000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6807.45	6807.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6807.45	6807.45

# 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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**MASSEY, ALBERT, , ,**

Mailing Address **575 EASTVIEW WAY**

City <b>WOODSIDE</b>	State <b>CA</b>	Zip Code <b>94062-4009</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>INFORMATION REQUESTED</b>	Occupation (for Individual) <b>INFORMATION REQUESTED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**06 / 17 / 2023**

**Transaction ID : AF10C3BCD274D4E54B29**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**B.** 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5000.00</b>

**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 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 02 / 14 / 2023  
**Transaction ID : AEEC116D856DC405A994**  
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 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 CUYAHOGA 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).....	26154.80
<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**

Full Name (Last, First, Middle Initial) <b>A. 9SEVEN CONSULTING</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2023	
Mailing Address PO BOX 183		FEC Identification Number C [REDACTED] <b>Transaction ID : B6F94AE1A3</b>	
City HUDSON	State WI	Zip Code 54016-0183	Amount of Each Disbursement this Period 1089.95
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
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. 9SEVEN CONSULTING</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2023	
Mailing Address PO BOX 183		FEC Identification Number C [REDACTED] <b>Transaction ID : BB881E2AF8</b>	
City HUDSON	State WI	Zip Code 54016-0183	Amount of Each Disbursement this Period 6.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
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. ARISTOTLE INTERNATIONAL, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023	
Mailing Address PO BOX 716045		FEC Identification Number C [REDACTED] <b>Transaction ID : BD83A10175</b>	
City PHILADELPHIA	State PA	Zip Code 19171-6045	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement DATABASE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
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).....▶	1545.95
<b>TOTAL</b> 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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
OLD BREED PAC

Form A: ARISTOTLE INTERNATIONAL, INC. Includes fields for Date of Disbursement (06/28/2023), Mailing Address (PO BOX 716045), City (PHILADELPHIA), State (PA), Zip Code (19171-6045), Purpose of Disbursement (DATABASE), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other).

Form B: AXCAPITAL, LLC Includes fields for Date of Disbursement (03/15/2023), 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, and Disbursement For (Primary/General/Other).

Form C: AXCAPITAL, LLC Includes fields for Date of Disbursement (04/07/2023), 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, and Disbursement For (Primary/General/Other).

SUBTOTAL of Disbursements This Page (optional) 900.00
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) <b>A. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2023
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : B7888FFFCE</b>
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 200.00
Candidate Name		<input type="checkbox"/> Memo Item
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. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : B20EAA06F4</b>
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name		<input type="checkbox"/> Memo Item
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. MAHONEY, RYAN, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2023
Mailing Address PO BOX 1386		FEC Identification Number C [REDACTED] <b>Transaction ID : B168C96D02</b>
City ATHENS	State GA	Zip Code 30603-1386
Purpose of Disbursement EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period [REDACTED] 713.49
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	[REDACTED] 1163.49
<b>TOTAL</b> 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

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**

**A. DOUBLETREE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 N 44TH ST

City PHOENIX State AZ Zip Code 85008-6501

Purpose of Disbursement LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2023

FEC Identification Number: C

Transaction ID : B92980CE65

Amount of Each Disbursement this Period: 713.49

Memo Item

**B. OAKVIEW GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 801 FRONT AVE  
PO BOX 1611

City COLUMBUS State GA Zip Code 31901-2714

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2023

FEC Identification Number: C

Transaction ID : BC3AF2C806

Amount of Each Disbursement this Period: 933.51

Memo Item

**C. 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 : B7FB521853

Amount of Each Disbursement this Period: 1351.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2285.01

**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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
OLD BREED PAC

Form A: STICKERSBANNERS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: SINGLETON, PHILIP, , ,. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: AMERICAN AIRLINES. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) and 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. 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

**B.**

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

**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)..... ▶ 6742.50

