

# 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**  
**ONE GEORGIA PAC**

ADDRESS (number and street) **PO BOX 12077**  
 Check if different than previously reported. (ACC) **ATLANTA GA 30355**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00571208** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 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)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer CRATE, BRADLEY, , , [Electronically Filed] Date  /  /

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

**ONE GEORGIA 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="2018"/>		66632.26
(b) Cash on Hand at Beginning of Reporting Period.....	64829.77	
(c) Total Receipts (from Line 19) .....	17500.00	34501.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82329.77	101134.05
7. Total Disbursements (from Line 31).....	61952.68	80756.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20377.09	20377.09
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**ONE GEORGIA 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).....	2500.00	2500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	28500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17500.00	31000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	3501.79
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)).....▶	17500.00	34501.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17500.00	34501.79

**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 .....	61952.68	80756.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	61952.68	80756.96
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).....	0.00	0.00
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)) ..	61952.68	80756.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61952.68	80756.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	17500.00	31000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17500.00	31000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	61952.68	80756.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3501.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61952.68	77255.17

# 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 15	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>	15	<input type="checkbox"/>	12
<input type="checkbox"/>	16	<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)  
**ONE GEORGIA PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOCKORNY, DAVID, ALAN, MR.,**

Mailing Address **3101 S BISHOP JONES PLACE**

City <b>SIOUX FALLS</b>	State <b>SD</b>	Zip Code <b>57103</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>THE BOCKORNY GROUP</b>	Occupation (for Individual) <b>MANAGING PARTNER</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**02 / 06 / 2018**

**Transaction ID : SA11AI.5578**

Amount of Each Receipt this Period  
**2500.00**

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>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2500.00</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 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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"/> 17

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NAME OF COMMITTEE (In Full)  
**ONE GEORGIA PAC**

**A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH	State VA	Zip Code 22042
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FEC ID number of contributing federal political committee. **C** C00088591

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

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	/	20	/	2018

**Transaction ID : SA11C.5582**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00078451

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

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	/	12	/	2018

**Transaction ID : SA11C.5580**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1919 M STREET, NW  
5TH FLOOR

City WASHINGTON	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00004812

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

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	/	06	/	2018

**Transaction ID : SA11C.5577**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	15000.00

**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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5583</b> Amount of Each Disbursement this Period [ ] 1514.30
City FT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 50 MASSACHUSETTS AVENUE NE UNION STATION		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5610</b> Amount of Each Disbursement this Period [ ] 163.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: RAIL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 300 NORTHTOWN DR NE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5585</b> Amount of Each Disbursement this Period [ ] 852.32
City BLAINE	State MN	Zip Code 55434
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

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

2366.62

**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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. DELTA</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5609</b> Amount of Each Disbursement this Period [ ] 119.20
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5611</b> Amount of Each Disbursement this Period [ ] 284.20
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELTA</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5588</b> Amount of Each Disbursement this Period [ ] 934.30
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 934.30
<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)

<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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. DICKEY, DERRICK, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018	
Mailing Address 875 10TH ST NW APT 1116		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5589</b> Amount of Each Disbursement this Period [REDACTED] 1250.00	
City WASHINGTON	State DC	Zip Code 20001	Category/ Type [REDACTED]
Purpose of Disbursement STRATEGY CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HERTZ</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address 8501 WILLIAM ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5612</b> Amount of Each Disbursement this Period [REDACTED] 514.66	
City ESTERO	State FL	Zip Code 33928	Category/ Type [REDACTED]
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: CAR RENTAL		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MAX TRANSPORT</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 219 VILLAGER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5607</b> Amount of Each Disbursement this Period [REDACTED] 132.00	
City SAINT SIMONS DRIVE	State GA	Zip Code 31522	Category/ Type [REDACTED]
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: GROUND TRANSPORTATION		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1250.00
<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

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NAME OF COMMITTEE (In Full)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. MAX TRANSPORT</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address 219 VILLAGER DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5608</b> Amount of Each Disbursement this Period [ ] 54.00	
City SAINT SIMONS DRIVE	State GA	Zip Code 31522	Category/ Type [ ]
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: GROUND TRANSPORTATION			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. MAX TRANSPORT</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2017	
Mailing Address 219 VILLAGER DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5613</b> Amount of Each Disbursement this Period [ ] 58.00	
City SAINT SIMONS DRIVE	State GA	Zip Code 31522	Category/ Type [ ]
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: GROUND TRANSPORTATION			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. NASHVILLE LOEWS</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2017	
Mailing Address 2100 WEST END AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5615</b> Amount of Each Disbursement this Period [ ] 689.24	
City NASHVILLE	State TN	Zip Code 37203	Category/ Type [ ]
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: LODGING			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	[ ] 0.00
<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)

<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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. PERDUE, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018	
Mailing Address P.O. BOX 31026		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5587</b> Amount of Each Disbursement this Period 2922.70	
City SEA ISLAND	State GA	Zip Code 31561	Category/ Type
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED			
Candidate Name		Memo Item <input type="checkbox"/>	
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. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5590</b> Amount of Each Disbursement this Period 2014.00	
City BEVERLY	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement COMPLIANCE CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018	
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5591</b> Amount of Each Disbursement this Period 2025.65	
City BEVERLY	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement COMPLIANCE CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	6962.35
<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)

<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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial)

**A. THE BREAKERS**

Mailing Address 1 SOUTH COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.5596  
Amount of Each Disbursement this Period  
510.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE LARRISON GROUP, LLC**

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.5599  
Amount of Each Disbursement this Period  
15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE LARRISON GROUP, LLC**

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement FUNDRAISING CONSULTING & EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.5600  
Amount of Each Disbursement this Period  
31867.05

Memo Item

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

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

47377.05

**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)  
**ONE GEORGIA PAC**

Full Name (Last, First, Middle Initial) <b>A. THE MONOCLE RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018
Mailing Address 107 D ST NE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5602</b> Amount of Each Disbursement this Period [ ] 260.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TRUMP NATIONAL DORAL</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2017
Mailing Address 4400 NW 87TH AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5617</b> Amount of Each Disbursement this Period [ ] 150.00
City MIAMI	State FL	Zip Code 33178
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: GROUND TRANSPORTATION		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TRUMP NATIONAL DORAL</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address 4400 NW 87TH AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5618</b> Amount of Each Disbursement this Period [ ] 360.47
City MIAMI	State FL	Zip Code 33178
Purpose of Disbursement REIMBURSEMENT [SB21B.5587]: TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 260.00
<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)

<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)  
**ONE GEORGIA PAC**

**A. WILEY REIN LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number C

Transaction ID : SB21B.5605

Amount of Each Disbursement this Period 2500.00

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 MM / DD / YYYY

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 MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2500.00

**TOTAL** This Period (last page this line number only)..... ▶ 61650.32