

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2008 JAN 22 AM 7:45

Office Use Only

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

ONE COMMUNICATIONS CORP PAC

ADDRESS (number and street)

220 BEAR HILL ROAD

Check if different
than previously
reported. (ACC)

WALTHAM

MA

024511

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00413328

3. IS THIS
REPORT

NEW
(N)

OR

X

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)

X 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

01 01 2007

through

06 30 2007

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

Assistant James B. Parnetta, Jr.

Signature of Treasurer

Assistant James Parnetta

Date

01 21 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

28039593510

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ONE COMMUNICATIONS CORP. PAC

Report Covering the Period: From: ^{M M D D Y Y Y Y} 01 01 2007

To: ^{M M D D Y Y Y Y} 06 30 2007

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2007	,	1,861.55
(b) Cash on Hand at Beginning of Reporting Period.....	,	1,861.55
(c) Total Receipts (from Line 19)	,	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	,	1,861.55
7. Total Disbursements (from Line 31)	,	77.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	,	1,784.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	,	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	,	

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

Page 3

ONE COMMUNICATIONS CORP. PAC

Report Covering the Period: From: ^M0^M1^D0^D1^Y20^Y07^Y To: ^M0^M6^D30^D30^Y20^Y07^Y

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	,	,	.	,	,	.
(ii) Non-Federal Share.....	,	,	.	,	,	.
(b) Other Federal Operating Expenditures	,	,	77.00	,	,	77.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	,	,	77.00	,	,	77.00
22. Transfers to Affiliated/Other Party Committees.....	,	,	.	,	,	.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,	.	,	,	.
24. Independent Expenditures (use Schedule E).....	,	,	.	,	,	.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,	.	,	,	.
26. Loan Repayments Made.....	,	,	.	,	,	.
27. Loans Made.....	,	,	.	,	,	.
28. Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees	,	,	.	,	,	.
(b) Political Party Committees	,	,	.	,	,	.
(c) Other Political Committees (such as PACs).....	,	,	.	,	,	.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,	.	,	,	.
29. Other Disbursements	,	,	.	,	,	.
30. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	,	,	.	,	,	.
(ii) "Levin" Share.....	,	,	.	,	,	.
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,	.	,	,	.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	,	,	.	,	,	.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	,	77.00	,	,	77.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,	77.00	,	,	77.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	,	,
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, 77.00	, 77.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	, 77.00	, 77.00

28039593514

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 1 OF 1

<input 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"/> 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 COMMUNICATIONS CORP. PAC

Full Name (Last, First, Middle Initial)

N/A

Date of Receipt

M M / D D . Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D . Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D . Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

SUBTOTAL of Receipts This Page (optional).....▶

, , .

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)

PAGE 1 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

ONE COMMUNICATIONS CORP. PAC

Full Name (Last, First, Middle Initial)

A. Bank of America, N.A.

Date of Disbursement

01/31/2007

Mailing Address

100 Federal Street

City

Baton

State

MA

Zip Code

02110

Purpose of Disbursement

Monthly maintenance fee

001

Amount of Each Disbursement this Period

, , 12.00

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Same

Date of Disbursement

02/28/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

001

Amount of Each Disbursement this Period

, , 13.00

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Same

Date of Disbursement

03/30/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

001

Amount of Each Disbursement this Period

, , 13.00

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

, , 38.00

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)

PAGE 2 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

ONE COMMUNICATIONS CORP. PAC

Full Name (Last, First, Middle Initial)

A. Bank of America, N.A.

Date of Disbursement

04 30 2007

Mailing Address

100 Federal Street

City

Boston

State

MA

Zip Code

02110

Purpose of Disbursement

Monthly maintenance fee

001

Candidate Name

Amount of Each Disbursement this Period

, , 13.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. same

Date of Disbursement

05 31 2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

001

Amount of Each Disbursement this Period

, , 13.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. same

Date of Disbursement

06 29 2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

001

Amount of Each Disbursement this Period

, , 13.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

, , 39.00

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

, , 77.00

28039593517

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

, , .

TOTALS This Period (last page in this line only) ▶

, , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) ONE COMMUNICATIONS CORP. P/A		FEC IDENTIFICATION NUMBER C 00413328	
LENDING INSTITUTION (LENDER) Full Name N/A		Amount of Loan _____, _____, _____ Interest Rate (APR) _____%	
Mailing Address _____ City _____ State _____ Zip Code _____		Date Incurred or Established ____/____/____ Date Due ____/____/____	
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred ____/____/____</p> <p>B. If line of credit, Total Outstanding Balance: _____ Amount of this Draw: _____, _____, _____</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____</p> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____/____/____ Location of account: _____ Address: _____ City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. _____</p>			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE ____/____/____	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE ____/____/____	
Title _____			

28039593519

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE / OF /
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)
ONE COMMUNICATIONS CORP. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor N/A		Nature of Debt (Purpose): N/A
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional).....	, , .
2) TOTALS This Period (last page this line number only).....	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, , .

28039593520

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ONE COMMUNICATIONS CORP. PAC	FEC IDENTIFICATION NUMBER ▼ C 0 0 4 1 3 3 2 8
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee N/A	Date M M / D D / Y Y Y Y
Mailing Address	Amount , , .
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount , , .
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	, , .
(b) SUBTOTAL of Unitemized Independent Expenditures	, , .
(c) TOTAL Independent Expenditures	, , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature _____

28039593521

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ONE COMMUNICATIONS CORP. PAC	Check if 24-hour notice
--------------------------------------------------------------------	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee N/A
Mailing Address	
City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

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

28039593522

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

N/A

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

N/A

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>

28039593524

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 1 OF 1
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

, , .

ii) Generic Voter Drive

, , .

iii) Exempt Activities.....

, , .

iv) Direct Fundraising (List Activity or Event Identifier)

a)

, , .

b)

, , .

c) Total Amount Transferred For Direct Fundraising

, , .

v) Direct Candidate Support (List Activity or Event Identifier)

a)

, , .

b)

, , .

c) Total Amount Transferred For Direct Candidate Support.....

, , .

vi) Public Communications Referring Only to Party (Made by PAC)

, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

, , .

TOTAL This Period (Generic Voter Drive)

, , .

TOTAL This Period (Exempt Activities)

, , .

TOTAL This Period (Direct Fundraising)

, , .

TOTAL This Period (Direct Candidate Support)

, , .

TOTAL This Period (Public Communications Referring Only to Party)

, , .

TOTAL This Period (Total Amount Transferred).....

, , .

28039593525

SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 1 OF 1
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

A. Full Name (Last, First, Middle Initial)

N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

28039593526

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

M M / D D : Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , .

iii) GOTV

GOTV

Total Amount Transferred for GOTV

, , .

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , .

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D : Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , .

iii) GOTV

GOTV

Total Amount Transferred for GOTV

, , .

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

, , .

TOTAL This Period (Voter ID)

, , .

TOTAL This Period (GOTV).....

, , .

TOTAL This Period (Generic Campaign Activity).....

, , .

TOTAL This Period (Total Amount of Transfers Received).....

, , .

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SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name

N/A

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

, , . , , . , , .

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

, , . , , . , , .

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

, , . , , . , , .

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

, , . , , . , , .

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

, , . , , . , , .

LEVIN SHARE

TOTAL This Period for the Levin Share

, , . , , . , , .

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

NAME OF ACCOUNT

N/A

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	, , .	, , .
(b) Unitemized	, , .	, , .
(c) Total	, , .	, , .
2. OTHER RECEIPTS	, , .	, , .
3. TOTAL RECEIPTS (Add Lines 1c and 2)	, , .	, , .
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	, , .	, , .
(b) Voter ID	, , .	, , .
(c) GOTV	, , .	, , .
(d) Generic Campaign	, , .	, , .
(e) Total	, , .	, , .
5. OTHER DISBURSEMENTS	, , .	, , .
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	, , .	, , .
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	, , .	, , .
8. RECEIPTS (from Line 3)	, , .	, , .
9. SUBTOTAL (Add Lines 7 and 8)	, , .	, , .
10. DISBURSEMENTS (From Line 6)		, , .
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		, , .

28039593529

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE / OF /

FOR LINE NUMBER:
(check only one)

☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name N/A	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	, , .
Occupation	Aggregate Year-to-Date
	, , .
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	, , .
Occupation	Aggregate Year-to-Date
	, , .
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	, , .
Occupation	Aggregate Year-to-Date
	, , .
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	, , .
Occupation	Aggregate Year-to-Date
	, , .
SUBTOTAL of Receipts This Page (optional).....	, , .
TOTAL This Period (last page this line number only).....	, , .

28039593530

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

ONE COMMUNICATIONS CORP. PAC

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>N/A</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>, , .</p>
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>, , .</p>
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>, , .</p>
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>, , .</p>
<p>E. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>, , .</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>, , .</p>
<p>TOTAL This Period (last page this line number only).....</p>		<p>, , .</p>

28039593531

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
-----------------------------------------	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
------------------------------------------------	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
----------------------------------------------------	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--------------------------------------------	------------

<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1/21/08</i>	
Next Business Day Delivery		<input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
----------------------------------------------------------------------------	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---------------------------------------------------------------------	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
-----------------------------------------------------------------	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(3/2005)

1/22/08
DATE PREPARED

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