

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 JAN 22 AM 7:46

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 02451

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 0 0 4 1 3 3 2 8 3. IS THIS REPORT X 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) X 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 M M / D D . Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D . Y Y Y Y in the State of

5. Covering Period 1 0 0 1 2 0 0 7 through 1 2 3 1 2 0 0 7

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 P. CAWETTA, JR.
Signature of Treasurer Assistant James P. Cawetta 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

2803993558

**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: <sup>M</sup>10<sup>M</sup> / <sup>D</sup>01 / <sup>Y</sup>200<sup>Y</sup>7 To: <sup>M</sup>12<sup>M</sup> / <sup>D</sup>31 / <sup>Y</sup>200<sup>Y</sup>7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 200 <sup>Y</sup> 7		1,861.55
(b) Cash on Hand at Beginning of Reporting Period.....	, 245.55	
(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).....	, 245.55	, 1,861.55
7. Total Disbursements (from Line 31).....	, , 39.00	, 1,655.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, , 206.55	, 206.55
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) .....	, , .	

28039593559

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ONE COMMUNICATIONS CORP. PAC**

Report Covering the Period: From: <sup>M</sup>10 / <sup>D</sup>01 / <sup>Y</sup>2007 To: <sup>M</sup>12 / <sup>D</sup>31 / <sup>Y</sup>2007

**I. Receipts**

**COLUMN A**  
Total This Period

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

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).....	,	,
(ii) Unitemized .....	,	,
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	,	,
12. Transfers From Affiliated/Other Party Committees.....	,	,
13. All Loans Received .....	,	,
14. Loan Repayments Received.....	,	,
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	,	,
(b) Levin Funds (from Schedule H5).....	,	,
(c) Total Transfers (add 18(a) and 18(b))..	,	,
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	,	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	,	,

28039593560

**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 .....	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39.00	155.00
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	1,500.00
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))..	39.00	1,655.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39.00	1,655.00

28039593561

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	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)) .....	,	,
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	,	,
	39.00	155.00
	39.00	155.00

28039593562

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

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**

A. Full Name (Last, First, Middle Initial) <b>N/A</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period , , .
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period , , .
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period , , .
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

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

2803955555

**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 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
**ONE COMMUNICATIONS CORP. PAC**

Full Name (Last, First, Middle Initial)

A. **Bank of America, N.A.**

Date of Disbursement

Mailing Address

10 31 2007

100 Federal Street

City: **Boston** State: **MA** Zip Code: **02110**

Purpose of Disbursement

Monthly maintenance fee

001

Amount of Each Disbursement this Period

Candidate Name

, , 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

Mailing Address

11 30 2007

City State Zip Code

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

, , 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

Mailing Address

12 31 2007

City State Zip Code

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

, , 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).....▶

, , 39.00

28039593564

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF /
	FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <b>N/A</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: , , .

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	, , .
<b>TOTALS</b> 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.		

28039593565



**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 4 of Schedule C

NAME OF COMMITTEE (In Full) <b>ONE COMMUNICATIONS CORP. PAC</b>	FEC IDENTIFICATION NUMBER <b>C 0 0 4 1 3 3 2 8</b>
--	---

LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan , , .	Interest Rate (APR) % .
---	-------------------------	----------------------------

Mailing Address	Date Incurred or Established M M . D D / Y Y Y Y
City State Zip Code	Date Due M M . D D / Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M . D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: , , .  
 Amount of this Draw: , , .

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

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?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? , , .  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? , , .

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: M M / D D / Y Y Y Y City, State, Zip: \_\_\_\_\_

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.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 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.  
 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.  
 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.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

28039593566

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>N/A</b>	Nature of Debt (Purpose): <b>N/A</b>
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) ▶			

28039593567

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1  
FOR LINE 24 OF FORM 3X

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

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

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 V V
Mailing Address	Amount  , .
City State Zip Code	

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 V V

Signature \_\_\_\_\_

28039553568

**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) <b>ONE COMMUNICATIONS CORP. PAC</b>	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 <b>N/A</b>
	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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount  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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount  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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount  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).....▶	, , .

28039593569

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. PAE

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

28039593570

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

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

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. **N/A**

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.

28039593571

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<u>N/A</u>	M M / D D / Y Y Y Y	, , .

**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) .....	, , .

28039593572

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) <i>N/A</i>			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
			Date M M / D D . Y Y Y Y		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
			Date M M / D D . Y Y Y Y		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City State Zip Code			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
			Date M M / D D . Y Y Y Y		
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

2803959353



**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 / OF /  
FOR LINE 18b OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT M M . D D . Y Y Y Y	TOTAL AMOUNT TRANSFERRED
<b>N/A</b>		

**BREAKDOWN OF THIS TRANSFER**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
<b>i) Voter Registration</b> Total Amount Transferred for Voter Registration.....				
<b>ii) Voter ID</b> Total Amount Transferred for Voter ID .....				
<b>iii) GOTV</b> Total Amount Transferred for GOTV .....				
<b>iv) Generic Campaign Activity</b> 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**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
<b>i) Voter Registration</b> Total Amount Transferred for Voter Registration.....				
<b>ii) Voter ID</b> Total Amount Transferred for Voter ID .....				
<b>iii) GOTV</b> Total Amount Transferred for GOTV .....				
<b>iv) Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity .....				

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL This Period (Voter Registration).....</b>				
<b>TOTAL This Period (Voter ID) .....</b>				
<b>TOTAL This Period (GOTV).....</b>				
<b>TOTAL This Period (Generic Campaign Activity).....</b>				
<b>TOTAL This Period (Total Amount of Transfers Received).....</b>				

28039593574

**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)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>N/A</b>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> 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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> 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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> 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>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
,	,	,	,
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
,	,	,	,
<b>TOTAL This Period for the Levin Share</b>			

28039593575

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

NAME OF COMMITTEE (In Full) <b>ONE COMMUNICATIONS CORP. PAC</b>
NAME OF ACCOUNT <b>N/A</b>

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

28039593576

**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

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**

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address **N/A**  
 City State Zip Code  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M . D D / Y Y Y Y

Amount of Each Receipt this Period  
 , , .  
 Aggregate Year-to-Date  
 , , .

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M . D D / Y Y Y Y

Amount of Each Receipt this Period  
 , , .  
 Aggregate Year-to-Date  
 , , .

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M . D D / Y Y Y Y

Amount of Each Receipt this Period  
 , , .  
 Aggregate Year-to-Date  
 , , .

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M . D D / Y Y Y Y

Amount of Each Receipt this Period  
 , , .  
 Aggregate Year-to-Date  
 , , .

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

28039593577

**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: PAGE / OF /  
(check only one)  4a  4c  5  
 4b  4d

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**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
N/A  
Mailing Address

Date of Disbursement  
M M / D D / Y Y Y Y

City State Zip Code  
Purpose of Disbursement

Amount of Each Disbursement this Period  
, , .

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

Date of Disbursement  
M M / D D / Y Y Y Y

City State Zip Code  
Purpose of Disbursement

Amount of Each Disbursement this Period  
, , .

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

Date of Disbursement  
M M / D D / Y Y Y Y

City State Zip Code  
Purpose of Disbursement

Amount of Each Disbursement this Period  
, , .

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address

Date of Disbursement  
M M / D D / Y Y Y Y

City State Zip Code  
Purpose of Disbursement

Amount of Each Disbursement this Period  
, , .

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address

Date of Disbursement  
M M / D D / Y Y Y Y

City State Zip Code  
Purpose of Disbursement

Amount of Each Disbursement this Period  
, , .

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

28039593578

**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date  
*1/21/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*1/22/08*

DATE PREPARED

28039593579