## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)  PAGE 1 OF 1  FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
ONE NATION PAC	C C00468447
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee Active Engagement	Date of Public Distribution/Dissemination
	11 01 2014
Mailing Address 44084 Riverside Parkway	Amount
City State Zip Code	1000.00
Lansdowne VA 20176	Transaction ID : SE.8004 Date of Disbursement or Obligation
Purpose of Expenditure Copywriting  Category/ Type	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Scott Walker Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1000.00
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.	
	nate 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	