

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.
ONE NATION PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

Type or Print Name of Treasurer Patrick Krason

Signature of Treasurer Patrick Krason [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ONE NATION 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="2014"/>	<input type="text" value=""/>	<input type="text" value="-344.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20138.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9636.48"/>	<input type="text" value="63915.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29774.83"/>	<input type="text" value="63570.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9045.35"/>	<input type="text" value="42841.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20729.48"/>	<input type="text" value="20729.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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 NATION 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).....	675.00	4900.00
(ii) Unitemized	1683.00	25474.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	2358.00	30374.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2358.00	30374.70
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	7278.48	33540.82
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))..... ▶	9636.48	63915.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9636.48	63915.52

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	7475.39	32727.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7475.39	32727.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1400.00	3200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	169.96	6913.90
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9045.35	42841.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9045.35	42841.19

DETAILED SUMMARY PAGE
of Disbursements

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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)	2358.00	30374.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2358.00	30374.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7475.39	32727.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7475.39	32727.29

**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 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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 NATION PAC

Full Name (Last, First, Middle Initial) A. Christi Becker		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 28670 County Road 50		Transaction ID : SA11AI.7950
City Cold Spring	State MN	Zip Code 56320
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Contribution
Info requested	Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Fred Bialek		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 200 winding way		Transaction ID : SA11AI.7911
City woodside	State CA	Zip Code 94062
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Contribution
NA	Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DANIEL SILV ER		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 4621 BALBOA AVE		Transaction ID : SA11AI.7945
City ENCINO	State CA	Zip Code 91316
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00
Name of Employer	Occupation	Contribution
SILVER ORTHOPEDIC CENTERS	ORTHO SURGEON	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	675.00

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 13
<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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Active Engagement		<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 44084 Riverside Parkway		<input type="text"/> 10 / <input type="text"/> 08 / <input type="text"/> 2014
City	State	Zip Code
Lansdowne	VA	20176
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID : SA17.7988
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text"/> 5296.33
Receipt For:	Aggregate Year-to-Date ▼	Rev Share Income
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 20176.82	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Campaign Solutions		<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 North Saint Asaph Street		<input type="text"/> 10 / <input type="text"/> 07 / <input type="text"/> 2014
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID : SA17.7989
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text"/> 1982.15
Receipt For:	Aggregate Year-to-Date ▼	Rev Share Income
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 7777.61	
<input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 7278.48
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 7278.48

**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"/> 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

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Active Engagement

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
List Maintenance

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SB21B.7956

Amount of Each Disbursement this Period

1240.00

Full Name (Last, First, Middle Initial)

B. Active Engagement

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB21B.7961

Amount of Each Disbursement this Period

2025.00

Full Name (Last, First, Middle Initial)

C. Active Engagement

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Processing fees

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB21B.7987

Amount of Each Disbursement this Period

188.70

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

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

3453.70

**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"/> 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

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Processing Fees

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.7986

Amount of Each Disbursement this Period

56.80

Full Name (Last, First, Middle Initial)

B. Eusatrix Corporation

Mailing Address P.O. Box 2543

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
PAC Management Consulting

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SB21B.7955

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eusatrix Corporation

Mailing Address P.O. Box 2543

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
PAC Management Consulting

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SB21B.7972

Amount of Each Disbursement this Period

1000.00

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

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

2056.80

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**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"/> 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

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Kelly S Eustis

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
PAC Administration

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SB21B.7974

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Flamingo Las Vegas

Mailing Address 3555 S. Las Vegas Blvd

City State Zip Code
Las Vegas NV 89109

Purpose of Disbursement
Lodging

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB21B.7962

Amount of Each Disbursement this Period

483.44

Full Name (Last, First, Middle Initial)

C. Patrick Krason

Mailing Address 7213 Farr Street

City State Zip Code
Annandale VA 22003

Purpose of Disbursement
PAC Compliance Services

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SB21B.7954

Amount of Each Disbursement this Period

250.00

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

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

1233.44

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"/> 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

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Patrick Krason

Mailing Address 7213 Farr Street

City Annandale State VA Zip Code 22003

Purpose of Disbursement
PAC Compliance Services

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SB21B.7967

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

500.00

7243.94

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Black Conservatives Fund

Mailing Address PO Box 1491

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Contribution

Candidate Name

Black Conservatives Fund

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : SB23.7985

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRIAN NESTANDE

Mailing Address 22 CALLE LANTANA

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
U.S. House CA-36, General 2014

Candidate Name

BRIAN NESTANDE

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2014

Transaction ID : SB23.7971

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. ELISE M STEFANIK

Mailing Address PO BOX 17

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement
U.S. House NY-21, General 2014

Candidate Name

ELISE M STEFANIK

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2014

Transaction ID : SB23.7969

Amount of Each Disbursement this Period

200.00

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

1400.00

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

1400.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Windy Cove Market

Mailing Address 60490 Overture Drive

City State Zip Code
Palm Springs CA 92262

Purpose of Disbursement
Office Supplies

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2014

Transaction ID : **SB29.7960**

Amount of Each Disbursement this Period

28.75

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

28.75

28.75
