

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)

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="20729.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29614.22"/>	<input type="text" value="93529.74"/>
(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="50343.70"/>	<input type="text" value="93184.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29944.70"/>	<input type="text" value="72785.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20399.00"/>	<input type="text" value="20399.00"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ONE NATION PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

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).....	6780.00	11680.00
(ii) Unitemized	16053.00	41527.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22833.00	53207.70
(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)	22833.00	53207.70
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.).....	6781.22	40322.04
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))..... ▶	29614.22	93529.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29614.22	93529.74

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	17258.53	49985.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17258.53	49985.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	4700.00
24. Independent Expenditures (use Schedule E)	9696.00	9696.00
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	1490.17	8404.07
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)) ..	29944.70	72785.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29944.70	72785.89

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)	22833.00	53207.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22833.00	53207.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17258.53	49985.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17258.53	49985.82

**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 29
(check only one)

<input checked="" 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
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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

A. Dana Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 100 Fall Creek Road
City Lawrence State KS Zip Code 66049
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Info requested Info requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 12 / 2014
Transaction ID : SA11AI.8994
Amount of Each Receipt this Period
300.00
Contribution

B. John Barna
Full Name (Last, First, Middle Initial)
Mailing Address 122 Heather Court
City Palm Desert State CA Zip Code 92260
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2014 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 02 / 2014
Transaction ID : SA11AI.8140
Amount of Each Receipt this Period
100.00
Contribution

C. greg benson
Full Name (Last, First, Middle Initial)
Mailing Address po box 1593
City rancho santa fe State CA Zip Code 92067
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
glenbrook executive
Receipt For: 2014 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 23 / 2014
Transaction ID : SA11AI.8733
Amount of Each Receipt this Period
500.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial) A. Lawrence Blanford		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 8805 Tamiami Trail N., PMB 126		Transaction ID : SA11AI.8190
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William Dickey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 2317 Sul Ross		Transaction ID : SA11AI.8900
City Houston	State TX	Zip Code 77098
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Real Estate	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Dickey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 2317 Sul Ross		Transaction ID : SA11AI.8451
City Houston	State TX	Zip Code 77098
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Real Estate	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial) A. THOMAS DIMARE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 517		Transaction ID : SA11AI.8938
City NEWMAN	State CA	Zip Code 95360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DIMARE ENTERPRISES INC	Occupation GENERAL MANAGER	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. A Durand		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Mailing Address 1 Summer Sky Circle		Transaction ID : SA11AI.8797
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jane Durand	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Thomas Fee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Mailing Address 2455 Delaware Ave		Transaction ID : SA11AI.8864
City Mendota Heights	State MN	Zip Code 55118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VWM	Occupation Finance	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

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

Mailing Address 11 Dodge Drive

City West Hartford State CT Zip Code 06107-0000

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11AI.8564

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 1693 eureka road

City Roseville State CA Zip Code 95661

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

Name of Employer Occupation
Paul Garcia Investments, INC investor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11AI.8662

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 13552 mayberry tr n

City marine State MN Zip Code 55047

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.8399

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

**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 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ONE NATION PAC

Full Name (Last, First, Middle Initial) A. Thomas Lowe		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 2630 W Lafayette Rd		Transaction ID : SA11AI.8626
City Excelsior	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer retired	Occupation retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. robert mayfield		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 11309 pickfair		Transaction ID : SA11AI.8730
City austin	State TX	Zip Code 78750
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer DQ	Occupation Self	Contribution
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. robert pfo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 5252 sandmound		Transaction ID : SA11AI.8095
City oakley	State CA	Zip Code 94561
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer self	Occupation od	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00	

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

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

Mailing Address 4621 BALBOA AVE

City ENCINO State CA Zip Code 91316

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

Name of Employer SILVER ORTHOPEDIC CENTERS Occupation ORTHO SURGEON

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.8097

Amount of Each Receipt this Period
 75.00

Contribution

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

Mailing Address 555 tanglewood drive

City Shoreview State MN Zip Code 55126

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

Name of Employer retired Occupation n/a

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8634

Amount of Each Receipt this Period
 200.00

Contribution

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

Mailing Address 555 tanglewood drive

City Shoreview State MN Zip Code 55126

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

Name of Employer retired Occupation n/a

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8711

Amount of Each Receipt this Period
 100.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 29
	<input checked="" 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	

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NAME OF COMMITTEE (In Full)
ONE NATION PAC

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

Mailing Address
722 Dublin Dr
City Mishawakao State IN Zip Code 46545

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

Name of Employer Nones Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 01 / 2014
Transaction ID : SA11AI.8154

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address
3735 LYONS LANE
City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 18 / 2014
Transaction ID : SA11AI.8853

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address
2 fleur place
City Atherton State CA Zip Code 94027

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

Name of Employer None Occupation Home maker

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11AI.8699

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 29
(check only one)

<input checked="" 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
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NAME OF COMMITTEE (In Full)
ONE NATION PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : SA11AI.8104

Amount of Each Receipt this Period
25.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	6780.00

**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 14 OF 29
<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) A. Active Engagement		Date of Receipt
Mailing Address 44084 Riverside Parkway		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lansdowne	VA	20176
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.8997
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="4886.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Rev Share income
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25062.82"/>	

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Receipt
Mailing Address 117 North Saint Asaph Street		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.8998
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1893.15"/>
Receipt For:	Aggregate Year-to-Date ▼	Rev Share Income
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="9670.76"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	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="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6779.15"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="6779.15"/>

**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 management

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8050

Amount of Each Disbursement this Period

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

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8058

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Active Engagement

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
List rental

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8999

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements 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)

<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. American Express

Mailing Address P.O. Box 52852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant 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	/	D	D	/	Y	Y	Y	Y
10			29			2014			

Transaction ID : SB21B.8053

Amount of Each Disbursement this Period

109.35

Full Name (Last, First, Middle Initial)

B. ARCO

Mailing Address 78335 Varner Road

City Palm Desert State CA Zip Code 92211

Purpose of Disbursement
Travel

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

Transaction ID : SB21B.8024

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. ARCO

Mailing Address 78335 Varner Road

City Palm Desert State CA Zip Code 92211

Purpose of Disbursement
Travel

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2014			

Transaction ID : SB21B.8037

Amount of Each Disbursement this Period

55.00

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

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

224.35

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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. ARCO

Mailing Address 78335 Varner Road

City State Zip Code
Palm Desert CA 92211

Purpose of Disbursement
Travel

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB21B.8087

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
List rental

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : SB21B.9000

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

C. Eusatrix Corporation

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
PAC Management 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	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB21B.8032

Amount of Each Disbursement this Period

1000.00

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

1205.00

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

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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. Eusatrix Corporation

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 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

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.8054

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eusatrix Corporation

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
PAC Management Consulting

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.8067

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Eusatrix Corporation

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
PAC Management Consulting

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2014

Transaction ID : SB21B.8069

Amount of Each Disbursement this Period

1250.00

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

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

3750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

A. Kelly S Eustis

Full Name (Last, First, Middle Initial)

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
MM / DD / YYYY
10 / 20 / 2014

Transaction ID : SB21B.8033

Amount of Each Disbursement this Period
500.00

B. Kelly S Eustis

Full Name (Last, First, Middle Initial)

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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.8068

Amount of Each Disbursement this Period
750.00

C. Kelly S Eustis

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2543

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
PAC Strategy Consulting

Candidate Name
ONE NATION PAC

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 18 / 2014

Transaction ID : SB21B.8083

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2250.00

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)

<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. Flamingo Las Vegas

Mailing Address 3555 S. Las Vegas Blvd

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Lodging

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 / 26 / 2014

Transaction ID : **SB21B.8042**

Amount of Each Disbursement this Period

44.80

Full Name (Last, First, Middle Initial)

B. 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 / 20 / 2014

Transaction ID : **SB21B.8031**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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
11 / 03 / 2014

Transaction ID : **SB21B.8064**

Amount of Each Disbursement this Period

500.00

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

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

1044.80

**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. Las Vegas Marriott

Mailing Address 325 Conventon Center Drive

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Lodging

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
10	/	27	/	2014

Transaction ID : **SB21B.8043**

Amount of Each Disbursement this Period

234.08

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name
ONE NATION PAC

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	19	/	2014

Transaction ID : **SB21B.8084**

Amount of Each Disbursement this Period

318.60

Full Name (Last, First, Middle Initial)

C. Windy Cove Market

Mailing Address 60490 Overture Drive

City Palm Springs State CA Zip Code 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
10	/	27	/	2014

Transaction ID : **SB21B.8045**

Amount of Each Disbursement this Period

18.90

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

571.58

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

16425.73

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. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
Contribution

Candidate Name
BILL CASSIDY FOR US SENATE

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) Runoff
 State: LA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	4

Transaction ID : SB23.8076

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Black Conservatives Fund

Mailing Address PO Box 1491

City State Zip Code
Annandale VA 22003

Purpose of Disbursement
Contribution

Candidate Name
ONE NATION PAC

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) Runoff
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	4

Transaction ID : SB23.8060

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Runoff
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Active Engagement

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SB29.8092

Amount of Each Disbursement this Period

1150.31

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SB29.8093

Amount of Each Disbursement this Period

45.80

Full Name (Last, First, Middle Initial)

C. Kelly S Eustis

Mailing Address P.O. Box 2543

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
Per Diem

Candidate Name
ONE NATION PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB29.8049

Amount of Each Disbursement this Period

125.00

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

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

1321.11

**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

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. Fame Cigars and Wine Lounge

Mailing Address 155 S. Palm Canyon Drive

City State Zip Code
Palm Springs CA 92262

Purpose of Disbursement
Meeting Expense

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 / D D / Y Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SB29.8062

Amount of Each Disbursement this Period

36.56

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

36.56

1357.67

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ONE NATION PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00468447 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Active Engagement	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 21 / 2014 </div>
Mailing Address 44084 Riverside Parkway	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>
City State Zip Code Lansdowne VA 20176	Transaction ID : SE.7844 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 21 / 2014 </div>
Purpose of Expenditure Copywriting Category/Type	Name of Federal Candidate Scott Walker <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Active Engagement	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 27 / 2014 </div>
Mailing Address 44084 Riverside Parkway	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2446.00 </div>
City State Zip Code Lansdowne VA 20176	Transaction ID : SE.7995 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 27 / 2014 </div>
Purpose of Expenditure Online Advertising Category/Type	Name of Federal Candidate Scott Walker <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2446.00</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3446.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

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.

Patrick Krason

 Signature

[Electronically Filed] Date

MM / DD / YYYY
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ONE NATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00468447
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Active Engagement	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 44084 Riverside Parkway	Amount 1000.00
City State Zip Code Lansdowne VA 20176	Transaction ID : SE.8002 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Copywriting	Category/Type
Name of Federal Candidate Scott Walker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
1000.00	

Full Name of Payee Eusatrix Corporation	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address P.O. Box 2543	Amount 625.00
City State Zip Code Palm Springs CA 92263	Transaction ID : SE.7997 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Communications	Category/Type
Name of Federal Candidate BRIAN NESTANDE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 36 State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
625.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1625.00
(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.

Signature Patrick Krason [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ONE NATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00468447
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Eusatrix Corporation	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. Box 2543	Amount 375.00
City State Zip Code Palm Springs CA 92263	Transaction ID : SE.9002 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure IE Communications	Category/Type
Name of Federal Candidate BRIAN NESTANDE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President State: CA
Calendar Year-To-Date Per Election for Office Sought 1000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eusatrix Corporation	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Mailing Address P.O. Box 2543	Amount 1250.00
City State Zip Code Palm Springs CA 92263	Transaction ID : SE.8005 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Purpose of Expenditure Communications Research	Category/Type
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought 1250.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1625.00
(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.

Patrick Krason
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ONE NATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00468447
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Eusatrix Corporation	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. Box 2543	Amount 1500.00
City State Zip Code Palm Springs CA 92263	Transaction ID : SE.8010 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Voter Communications	Category/Type
Name of Federal Candidate MARY L LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2750.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee Snowview Strategies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1717 E. Vista Chino	Amount 1000.00
City State Zip Code Palm Springs CA 92262	Transaction ID : SE.8014 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure IE Voter Contact Strategy	Category/Type
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 3750.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2500.00
(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.

Patrick Krason [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ONE NATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00468447
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Vice & Victory	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 8116 Heritage Place Drive	Amount 500.00
City State Zip Code Fort Worth TX 76137	Transaction ID : SE.7990 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Research	Category/Type
Name of Federal Candidate MARK LUNSFORD PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9696.00

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Patrick Krason
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014