## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	1. Person Making the Disbursements/Obligations			
	(a) Name			
	Lone Star Committee			
(b) Address (number and street)				
	(c) City, State and ZIP Code			
	Arlington, VA 22209			
	(d) Name of Employer or Principal Place of Business (e) Occupation			
3.	Is This Statement  4. Covering Period  through			
	Amended 02 22 2016 2016			
5.	(a) Date of Public Distribution(s) 02 20 20 20 (b) Communication Title "Reagan Had the Idea"			
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)			
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15			
	(e) Other, specify:			
	(e) Cirler, specify.			
7.	If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?			
8.	Custodian of Records			
	(a) Name			
	Rich Danker			
	(b) Address (number and street) 1400 Key Blvd., Suite 100			
	(c) City, State and ZIP Code			
	Arlington, VA 22209			
	(d) Name of Employer or Principal Place of Business (e) Occupation			
	Lone Star Committee Executive Director			
9.	Total Donations This Statement			
10. ==	Total Disbursements/Obligations This Statement			
	Under penalty of perjury, I certify that this statement is true, correct and complete.			
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rich Danker			
	THE STITING TORMS			
	SIGNATURE W. M. DATE 03/21/16			
	SIGNATURE DATE 03/21/16			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

Person(s) Sharing/Exercising Control						
A.	(a) Name Rich Danker					
	(b) Address (number and street)					
	4390 Lorcom Lane, Unit 202					
	(c) City, State and ZIP Code					
	Arlington, VA 22207					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
	Kiowa Strategies	Consultant				
В.	(a) Name	·				
	(b) Address (number and street)	<del></del>				
	(c) City, State and ZIP Code					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
C.	(a) Name					
	(b) Address (number and street)					
	(c) City, State and ZIP Code					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
D.	(a) Name					
	(b) Address (number and street)					
	(c) City, State and ZIP Code					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
E.	(a) Name					
	(b) Address (number and street)					
	(c) City, State and ZIP Code					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				

<b>SCHEDULE</b>	9-A
Donation(s)	Received

PAGE 3 OF 5

A			Date of Receipt
	Sean Fieler		02" / 02" / 2016
	Mailing Address of Donor		
	623 5TH AVE FL 27		Amount
	City State	Zip	12,000.00
	NEW YORK NY 10022-6831		
В	. Full Name of Donor		Date of Receipt
1	Andrew Blackmon		01" ' 29" ' 2016"
	Mailing Address of Donor		01 29 2010
1	7479 Fox Chase Dr		Amount
1	City State	Zip	2,500.00
	Trinity, North Carolina 27370		
C	Full Name of Donor		Date of Receipt
	Keith White		WAW ' BAB ' AAAAAA
	Mailing Address of Donor		01 11 2016
ļ	7837 Main Hwy		Amount
	City State	Zip	25,000.00
	Saint Martinville LA	70582	
Δ	Full Name of Donor		Date of Receipt
	Grant Avery		704 ( 20° ) 704 5
İ	Mailing Address of Donor		12 22 2015
	15543 South Frontage Rd		Amount
	City State	Zip	1,000.00
	Plainfield IL	60544	
E	Full Name of Donor		Date of Receipt
	Industrial Performance Group	[42m]   [42p]   [420] E.A.]	
	Mailing Address of Donor		12 17 2015
	PO Box 99		Amount
	City State	Zip	100,000.00
	Thomasville NC	27361	
			440 500 00
SUB1	OTAL of Donations This Page (optional)		140,500.00
TOTA	L This Period (last page this line number only)		
	Company of the compan		

SCHEDU	LE	9-A	
Donation(	s) F	Recei	ved

PAGE 4 OF 5

A	Full Name of Dor	nor			Date of Receipt
	Steven Rosenthal			MIM / GAD / POPOPO	
	Mailing Address	of Donor			12 1 2015
	3125 C	athedral Ave	. NW		Amount
	City		State	Zip	3,000.00
	Washin	gton	DC	20008-3420	V
B	3. Full Name of Dor	nor			Date of Receipt
	Parts	Designs Inc.			
	Mailing Address	of Donor		-	02 16 16 2016
	176	43 County R	d 10		Amount
1	City		State	Zip	2,500.00
1	Brist	ol	IN	46507	
c	Full Name of Dor	nor	<del></del>		Date of Receipt
	Lionshea	d Specialty T	ire & Wheel,	LLC	
	Mailing Address		,		02 16 2016
	827 E. Li	ncoln Ave.			Amount
	City	<del></del>	State	Zip	11,000.00
	Goshen		IN	42568	
D	). Full Name of Dor	nor	·	·	Date of Receipt
					MAM / DED / ARABARA
	Mailing Address	of Donor			
					Amount
	City		State	Zip	
E	Full Name of Do	nor			Date of Receipt
					M - M ,   D - D ,   V - V - V - V - V - V - V - V - V - V
	Mailing Address	of Donor			لسحا لحا لحا
ĺ					Amount
	City		State	Zip	
					· · · · · · · · · · · · · · · · · · ·
SUB	TOTAL of Donations	s This Page (option	al)		16,500.00
TOTA	AL This Period (last	page this line num	ber only)		157,000.00
	,	last page to Line 9	••		

## SCHEDULE 9-B Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A.	Full Name (Last, First, Middle Initial) Elliott Curson Adv	of Payee ertising		Date of Disbursement or Obligation			
'	Mailing Address of Payee 1900 Rittenhou	se Square		Amount			
	City	State	Zip Code	20,000,00			
١.	Philadelphia, PA 19			Communication Date			
	Name of Employer	Occupat		02" / 20° / 2016			
l	Purpose of Disbursement (Including t		• • • •				
	Radio commercia			Disbursement/Obligation For:			
	Name of Federal Candidate	Office Sought:	House State: NV	Primary General			
ŀ	Ted Cruz		District:	Other (specify)			
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For: Primary General			
		-	Senate District:	Other (specify)			
	Name of Federal Candidate	Office Sought:	□ House	Disbursement/Obligation For:			
		-	State:	Primary General			
			District:	Other (specify)			
В.	Full Name (Last, First, Middle Initial)	Date of Disbursement or Obligation					
-	Mailing Address of Payee						
			•	Amount			
	City	State	Zip Code				
	Name of Employee	Communication Date					
	Name of Employer						
	Purpose of Disbursement (Including title(s) of communication(s))						
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:			
			Senate District:	Primary General			
			President	Other (specify) ▶			
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For: Primary General			
		-	Senate District:	Other (specify)			
ı	Name of Federal Candidate	Office Sought:	☐ President	Disbursement/Obligation For:			
		·	State:	Primary General			
			District:	Other (specify)			
_							
	SUBTOTAL of Disbursements/Obligation	ns This Page (antion	nal)	20,000.00			
_							
1	FOTAL This Period (last page this line (carry total from last page to Li		<b>&gt;</b>	20,000.00			
	(our, total nom last page to El						

## Via E-Mail

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			
Postmarked USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible	·			
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Received from House Records & Registrat	Date of Receipt ion Office			
Received from Senate Public Records Office	Date of Receipt ce			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify): E- Mai)	Date of Receipt or Postmarked			
PREPARER	3/22/16 DATE PREPARED			
(3/2015)				