

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Lone Star Committee**

(b) Address (number and street) check if different than previously reported
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

2. FEC Identification Number

C C30002364

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2016
through
M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2016

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2016

(b) Communication Title Gold

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: _____

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? Yes No

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

143500.00

10. Total Disbursements/Obligations This Statement

30000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rich Danker

SIGNATURE Rich Danker

[Electronically Filed] DATE 02/12/2016

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

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sean Fieler</p> <hr/> <p>Mailing Address of Donor 6223 5TH AVE FL 27</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10022-6831</td> </tr> </table>	City	State	Zip	NEW YORK	NY	10022-6831	<p style="text-align: center;">Date of Receipt</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">02 / 02 / 2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">12000.00</td> </tr> </table> <p>Transaction ID : F92.000001</p>	M M / D D / Y Y Y Y	02 / 02 / 2016	12000.00
City	State	Zip								
NEW YORK	NY	10022-6831								
M M / D D / Y Y Y Y										
02 / 02 / 2016										
12000.00										
<p>B. Full Name of Donor Andrew Blackmon</p> <hr/> <p>Mailing Address of Donor 7479 Fox Chase Dr.</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> <tr> <td>Trinity</td> <td>NC</td> <td>27370</td> </tr> </table>	City	State	Zip	Trinity	NC	27370	<p style="text-align: center;">Date of Receipt</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">01 / 29 / 2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">2500.00</td> </tr> </table> <p>Transaction ID : F92.000002</p>	M M / D D / Y Y Y Y	01 / 29 / 2016	2500.00
City	State	Zip								
Trinity	NC	27370								
M M / D D / Y Y Y Y										
01 / 29 / 2016										
2500.00										
<p>C. Full Name of Donor Keith White</p> <hr/> <p>Mailing Address of Donor 7837 Main Hwy</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> <tr> <td>Saint Martinville</td> <td>LA</td> <td>60544</td> </tr> </table>	City	State	Zip	Saint Martinville	LA	60544	<p style="text-align: center;">Date of Receipt</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">01 / 11 / 2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">25000.00</td> </tr> </table> <p>Transaction ID : F92.000003</p>	M M / D D / Y Y Y Y	01 / 11 / 2016	25000.00
City	State	Zip								
Saint Martinville	LA	60544								
M M / D D / Y Y Y Y										
01 / 11 / 2016										
25000.00										
<p>D. Full Name of Donor Grant Avery</p> <hr/> <p>Mailing Address of Donor 15543 South Frontage Rd</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> <tr> <td>Plainfield</td> <td>IL</td> <td>60544</td> </tr> </table>	City	State	Zip	Plainfield	IL	60544	<p style="text-align: center;">Date of Receipt</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12 / 22 / 2015</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <p>Transaction ID : F92.000004</p>	M M / D D / Y Y Y Y	12 / 22 / 2015	1000.00
City	State	Zip								
Plainfield	IL	60544								
M M / D D / Y Y Y Y										
12 / 22 / 2015										
1000.00										
<p>E. Full Name of Donor Industrial Performance Group</p> <hr/> <p>Mailing Address of Donor PO Box 99</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> <tr> <td>Thomasville</td> <td>NC</td> <td>27361</td> </tr> </table>	City	State	Zip	Thomasville	NC	27361	<p style="text-align: center;">Date of Receipt</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12 / 17 / 2015</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">100000.00</td> </tr> </table> <p>Transaction ID : F92.000005</p>	M M / D D / Y Y Y Y	12 / 17 / 2015	100000.00
City	State	Zip								
Thomasville	NC	27361								
M M / D D / Y Y Y Y										
12 / 17 / 2015										
100000.00										
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">140500.00</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;"> </td> </tr> </table>	140500.00								
140500.00										

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steven Rosenthal</p> <hr/> <p>Mailing Address of Donor 3125 Cathedral Ave NW</p> <hr/> <p>City State Zip Washington DC 20008-3420</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2015</p> <p>Amount 3000.00</p> <p>Transaction ID : F92.000006</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>143500.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Elliott Curson Advertising			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 11 / 2016		
Mailing Address of Payee 1900 Rittenhouse Square			Amount 30000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 02 / 15 / 2016		
Philadelphia	PA	19103			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Radio commerical: Gold			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Ted Cruz		Senate	SC	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input checked="" type="checkbox"/> President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶ _____	

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶ _____	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		30000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		30000.00