

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. 12FE4M5

Lone Star Leadership PAC

ADDRESS (number and street) PO Box 30844

Check if different than previously reported. (ACC) Bethesda MD 20824

2. **FEC IDENTIFICATION NUMBER ▼** C00415208 **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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2012

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 Raymond Lee Crawford

Signature of Treasurer Raymond Lee Crawford *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2012

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

Lone Star Leadership 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="2012"/>		42864.00
(b) Cash on Hand at Beginning of Reporting Period.....	13412.38	
(c) Total Receipts (from Line 19)	41500.00	102250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54912.38	145114.00
7. Total Disbursements (from Line 31).....	20460.92	110662.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34451.46	34451.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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)

Write or Type Committee Name

Lone Star Leadership 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).....	6000.00	10250.00
(ii) Unitemized	0.00	1900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6000.00	12150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	35500.00	90000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41500.00	102150.00
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.).....	0.00	100.00
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))..... ▶	41500.00	102250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41500.00	102250.00

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	16460.92	39162.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16460.92	39162.54
22. Transfers to Affiliated/Other Party Committees.....	4000.00	19000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	52500.00
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	0.00	0.00
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)) ..	20460.92	110662.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20460.92	110662.54

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)	41500.00	102150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41500.00	102150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	16460.92	39162.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	16460.92	39162.54

**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 6 OF 15
<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

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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial) A. Roy C. Coffee III		Date of Receipt 06 / 28 / 2012 Transaction ID : SA11AI.4963
Mailing Address 770 5th Street NW Apartment 1002		Amount of Each Receipt this Period 2500.00
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Coffee & Associates	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Colovas		Date of Receipt 06 / 05 / 2012 Transaction ID : SA11AI.4952
Mailing Address 1530 North Key Boulevard #523		Amount of Each Receipt this Period 1500.00
City Arlington	State VA Zip Code 22209	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer Congressional Soutions	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott Styles		Date of Receipt 06 / 30 / 2012 Transaction ID : SA11AI.4911
Mailing Address 3609 North Rockingham Street		Amount of Each Receipt this Period 2000.00
City Arlington	State VA Zip Code 22213	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer C2	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00

**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 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)
A. Abbott Laboratories Employee Political Action Committee

Mailing Address 100 Abbott Park Road

City State Zip Code
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012
Transaction ID : SA11C.4941

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. American Academy of Dermatology Association PAC (SkinPAC)

Mailing Address 1445 New York Avenue NW
Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2012
Transaction ID : SA11C.4964

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. American Academy of Neurology Professional Association BrainPAC

Mailing Address 1080 Montreal Avenue

City State Zip Code
St. Paul MN 55116

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012
Transaction ID : SA11C.4950

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 8 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial) A. American Association of Neurosurgeons PAC (Neurosurgery PAC)		Date of Receipt
Mailing Address 5550 Meadowbrook Court		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rolling Meadows	IL	60008
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.4961
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American College of Cardiology PAC		Date of Receipt
Mailing Address 2400 N Street NW		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20037-1153
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.4932
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American College of Surgeons Professional Association PAC (ACSPA Surgeons PAC)		Date of Receipt
Mailing Address 20 F Street NW Suite 1000		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.4931
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)
A. American Psychiatric Association

Mailing Address 1000 Wilson Boulevard
Suite 1825

City Arlington State VA Zip Code 22209-3901

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11C.4930

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. American Society of Anesthesiologists PAC

Mailing Address 520 North Northwest Highway

City Park Ridge State IL Zip Code 60068-2573

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11C.4949

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. American Society of Anesthesiologists PAC

Mailing Address 520 North Northwest Highway

City Park Ridge State IL Zip Code 60068-2573

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11C.4942

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Lone Star Leadership PAC

A. AT&T, Inc. Federal Political Action Committee (AT&T Federal PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 208 South Akard Street
Suite 3521

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11C.4940

Amount of Each Receipt this Period
2500.00

B. EMD Serono, Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address One Technology Drive

City Rockland State MA Zip Code 02370

FEC ID number of contributing federal political committee. **C** C00258236

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11C.4939

Amount of Each Receipt this Period
1000.00

C. Harden Healthcare, LLC Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1703 West 5th Street
Suite 700

City Austin State TX Zip Code 78703

FEC ID number of contributing federal political committee. **C** C00489740

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 30 / 2012
Transaction ID : SA11C.4945

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 11 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Lone Star Leadership PAC

A. Novartis Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Pennsylvania Avenue
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00033969
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : SA11C.4948
 Amount of Each Receipt this Period
 4000.00

B. Prime Therapeutics, LLC PAC (PRIMEPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Drive
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C** C00498105
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11C.4936
 Amount of Each Receipt this Period
 1000.00

C. Society for Vascular Surgery PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 663 North Clair Street
 24th Floor
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C** C00381459
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : SA11C.4957
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	35500.00

**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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Campaign Financial Services		MM / DD / YYYY 06 / 21 / 2012	
Mailing Address PO Box 30844		Transaction ID : SB21B.4891	
City Bethesda	State MD	Zip Code 20824-0844	Amount of Each Disbursement this Period
Purpose of Disbursement SEE MEMO ITEMS	Candidate Name		529.93
Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Campaign Financial Services		MM / DD / YYYY 06 / 21 / 2012	
Mailing Address PO Box 30844		Transaction ID : SB21B.4893	
City Bethesda	State MD	Zip Code 20824-0844	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Compliance Consulting	Candidate Name		500.00
Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Campaign Financial Services		MM / DD / YYYY 06 / 21 / 2012	
Mailing Address PO Box 30844		Transaction ID : SB21B.4894	
City Bethesda	State MD	Zip Code 20824-0844	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Express Shipping	Candidate Name		29.93
Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	529.93
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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Cowboys Golf Club

Mailing Address 1600 Fairway Drive

City Grapevine State TX Zip Code 76051

Purpose of Disbursement
PAC Facility Rental

001
 002
 003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SB21B.4903

Amount of Each Disbursement this Period

7626.63

Full Name (Last, First, Middle Initial)

B. Gaylord Texan Resort & Convention Center

Mailing Address 1501 Gaylord Trail

City Grapevine State TX Zip Code 76051

Purpose of Disbursement
PAC Facility Rental

001
 002
 003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SB21B.4895

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Gaylord Texan Resort & Convention Center

Mailing Address 1501 Gaylord Trail

City Grapevine State TX Zip Code 76051

Purpose of Disbursement
PAC Catering

001
 002
 003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SB21B.4908

Amount of Each Disbursement this Period

1286.93

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

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

12413.56

**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

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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Gaylord Texan Transportation

Mailing Address 1501 Gaylord Trail

City Grapevine State TX Zip Code 76051

Purpose of Disbursement
PAC Transportation

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4897

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Public Identity

Mailing Address 1220 South Boyle Avenue

City Los Angeles State CA Zip Code 90023

Purpose of Disbursement
PAC Gifts & Mementos

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4900

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

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 type="checkbox"/> 21b	<input checked="" 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)
Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Benishek for Congress

Mailing Address 802 Pentoga Trail

City State Zip Code
Crystal Falls MI 49920

Purpose of Disbursement
PAC Political Contribution

011

Candidate Name

Daniel J. Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : **SB22.4909**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Wenstrup for Congress

Mailing Address 512 Missouri Avenue

City State Zip Code
Cincinnati OH 45226

Purpose of Disbursement
PAC Political Contribution

011

Candidate Name

Brad Wenstrup

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : **SB22.4905**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

4000.00

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

4000.00