

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Lone Star Fund

ADDRESS (number and street)

607 14th Street, NW, Suite 800

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00269779

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  
Quarterly 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

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

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

Matthew Angle

Signature of Treasurer

Electronically Filed by Matthew Angle

Date

1 2

0 2

2 0 1 0

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name  
Lone Star Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|--|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 7561.31 |
| Y  | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2  | 0                       | 1                                 | 0 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 2159.39                 |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....  | 14346.48                | 110392.13                         |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....   | 16505.87                | 117953.44                         |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....  | 16044.62                | 117492.19                         |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....  | 461.25                  | 461.25                            |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                    | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                   | 9838.54                 |                                   |   |   |   |   |   |   |  |         |

☒ 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)

3 / 18

Write or Type Committee Name

Lone Star Fund

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 8746.48                       | 67996.48                          |
| (ii) Unitemized .....  | 600.00                        | 1802.60                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 9346.48                       | 69799.08                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 5000.00                       | 40500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 14346.48                      | 110299.08                         |
| 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                          | 93.05                             |
| 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                          | 0.00                              |
| 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 Transfer (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)) .....                          | 14346.48                      | 110392.13                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 14346.48                      | 110392.13                         |

## DETAILED SUMMARY PAGE

of Disbursements

4 / 18

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |          |                               |                                   |
| (a) Shared 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.....  | 10544.62 | 85067.19                      |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 10544.62 | 85067.19                      |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00     | 5000.00                       |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00     | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (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.....   | 5500.00  | 27425.00                      |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |          |                               |                                   |
| (a) Shared 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))..       | 16044.62 | 117492.19                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16044.62 | 117492.19                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 14346.48                      | 110299.08                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 14346.48                      | 110299.08                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 10544.62                      | 85067.19                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 93.05                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 10544.62                      | 84974.14                          |

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

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial)

James Clark

Mailing Address 1900 Forest Trail

City

Austin

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Legislative Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1642

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Pat Pangburn

Mailing Address 4620 Redwood Ct.

City

Irving

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1625

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah Clark

Mailing Address 4332 Potomac Avenue

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1748.24

Date of Receipt

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

Transaction ID: C1638

Amount of Each Receipt this Period

1748.24

\* In-Kind: Catering

**SUBTOTAL** of Receipts This Page (optional) .....

2748.24

**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 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial)

Mary Beth Rogers

Mailing Address 10129 Timber Trail Drive

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Consultant/Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1627

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mark H. Iola

Mailing Address 4332 Potomac Avenue

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanley, Mandel & Iola

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1748.24

Date of Receipt

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

Transaction ID: C1639

Amount of Each Receipt this Period

1748.24

\* In-Kind: Catering

**C.**

Full Name (Last, First, Middle Initial)

Liz Watson

Mailing Address PO Box 2004

City

Austin

State

TX

Zip Code

78768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: C1643

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2998.24

**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 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial)

Lynda G. Brender

Mailing Address 4121 Hampshire Boulevard

City State Zip Code  
 Fort Worth TX 76103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Law Offices of Art Brender

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1624

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Veale

Mailing Address 1717 Arts Plaza, #2207

City State Zip Code  
 Dallas TX 75201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: C1620

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Angle Mastagni & Mathews, LLC

Mailing Address 507 North Sylvania Avenue

City State Zip Code  
 Fort Worth TX 76111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C1633

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**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 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial)

J D Angle

Mailing Address 507 North Sylvania Avenue

City

Fort Worth

State

TX

Zip Code

76111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMM Political Strategies,  
LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: C1634

Amount of Each Receipt this Period

833.34

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Danee Mastagni

Mailing Address 507 North Sylvania Avenue

City

Fort Worth

State

TX

Zip Code

76111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMM Political Strategies,  
LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

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

Transaction ID: C1636

Amount of Each Receipt this Period

833.33

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Mathews

Mailing Address 507 North Sylvania Avenue

City

Fort Worth

State

TX

Zip Code

76111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMM Political Strategies,  
LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

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

Transaction ID: C1635

Amount of Each Receipt this Period

833.33

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

8746.48

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

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

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial)

American Federation of Teachers AFL-CIO COPE

Mailing Address 555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

C00028860

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C1632

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

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

5000.00

# **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)

PAGE 11 / 18

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Fund

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D3165</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>164.86</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D3164</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>40.26</div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D3163</p> <p>Date of Disbursement<br/> <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>27.67</div> </p>  |

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

**232.79**

**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)

PAGE 12 / 18

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Fund

**A.**

Full Name (Last, First, Middle Initial)  
Kirk Watson for Texas Senate

Mailing Address PO Box 2004

City Austin State TX Zip Code 78768

Purpose of Disbursement  
Refreshments & Flowers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D3147

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1062.48

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Harper

Mailing Address 134 Duddington Place, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Research Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D3156

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Angle Mastagni & Mathews, LLC

Mailing Address 507 North Sylvania Avenue

City Fort Worth State TX Zip Code 76111

Purpose of Disbursement  
Automated Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D3146

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

967.96

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

2530.44

**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)

PAGE 13 / 18

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Fund

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Anthony Gutierrez   | <b>Transaction ID:</b> D3158<br><b>Date of Disbursement</b>   |
| Mailing Address 2106 Ansbury   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>  |
| City Houston State TX Zip Code 77018   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Communications Consulting Services<br>Candidate Name  | <div> <div>500.00</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NGP Software, Inc.  | <b>Transaction ID:</b> D3152<br><b>Date of Disbursement</b>   |
| Mailing Address 1225 Eye St. NW Suite 1225   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 1 0</div> </div>  |
| City Washington State DC Zip Code 20005  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Database, Website & Email Services<br>Candidate Name  | <div> <div>2570.00</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Sarah Clark   | <b>Transaction ID:</b> D3154<br><b>Date of Disbursement</b>   |
| Mailing Address 4332 Potomac Avenue  | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>  |
| City Dallas State TX Zip Code 75205  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Catering<br>Candidate Name  | <div> <div>1748.24</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>* in-kind received |

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

**4818.24**

**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)

PAGE 14 / 18

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Fund

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>The Turner Group</p> <p>Mailing Address 201 Meandering Lane</p> <p>City Burseson State TX Zip Code 76028</p> <p>Purpose of Disbursement<br/>Communications Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D3157</p> <p>Date of Disbursement<br/>10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Category/<br/>Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>American Express Merchant</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> D3159</p> <p>Date of Disbursement<br/>10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4.95</p> <p>Category/<br/>Type</p>    |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>American Express Merchant</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> D3160</p> <p>Date of Disbursement<br/>10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period<br/>162.50</p> <p>Category/<br/>Type</p>  |

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

1167.45

**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)

PAGE 15 / 18

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Fund

A.

Full Name (Last, First, Middle Initial)

Mark H. Iola

Mailing Address 4332 Potomac Avenue

City  
Dallas

State  
TX

Zip Code  
75205

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D3155

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1748.24

\* in-kind received

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

1748.24

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

10497.16

# **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)

PAGE 16 / 18

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A.

Full Name (Last, First, Middle Initial)

Joseph Moody Campaign

Mailing Address PO Box 920827

City  
El Paso

State  
TX

Zip Code  
79902

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D3149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Kristi Thibaut Campaign

Mailing Address 10620 Westheimer

City  
Houston

State  
TX

Zip Code  
77042

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D3148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Wendy Davis Campaign

Mailing Address PO Box 1039

City  
Fort Worth

State  
TX

Zip Code  
76101

Purpose of Disbursement  
Nonfederal In-Kind List

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D3153

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

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)

PAGE 17 / 18

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Lone Star Fund

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Wendy Davis Campaign   | <b>Transaction ID:</b> D3167<br><b>Date of Disbursement</b>                |
| Mailing Address PO Box 1039   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 5 / 2 0 1 0</div> </div> |
| City Fort Worth State TX Zip Code 76101   | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Nonfederal In-Kind List<br>Candidate Name   | <div> <div>500.00</div> <div>[MEMO ITEM]</div> </div>                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Chris Turner for State Representative  | <b>Transaction ID:</b> D3151<br><b>Date of Disbursement</b>                |
| Mailing Address PO Box 171138   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 8 / 2 0 1 0</div> </div> |
| City Arlington State TX Zip Code 76003  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Nonfederal Contribution<br>Candidate Name   | <div> <div>2500.00</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Diana Maldonado for State Representative   | <b>Transaction ID:</b> D3150<br><b>Date of Disbursement</b>                |
| Mailing Address PO Box 6446   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 1 0</div> </div> |
| City Round Rock State TX Zip Code 78683   | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Nonfederal Contribution<br>Candidate Name   | <div> <div>1000.00</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

3500.00

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

5500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Lone Star Fund**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie, LLPNature of Debt (Purpose):  
Legal & Accounting ServicesMailing Address 1201 Third Avenue  
Suite 4800City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

8776.31

Transaction ID: D3017

Amount Incurred This Period

1062.23

Payment This Period

0.00

Outstanding Balance at Close of This Period

9838.54

1) **SUBTOTALS** This Period This Page (optional)..... ▶

9838.54

2) **TOTALS** This Period (last page this line number only)..... ▶

9838.54

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9838.54