

# 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.   
**Lone Star Leadership 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  12 / 01 / 2011 through  12 / 31 / 2011

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  01 / 31 / 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<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  | <input type="text" value="2516.74"/>  | <input type="text" value="2516.74"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="22232.10"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="27650.00"/> | <input type="text" value="142476.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="49882.10"/> | <input type="text" value="144992.74"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="7018.10"/>  | <input type="text" value="102128.74"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="42864.00"/> | <input type="text" value="42864.00"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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)

Write or Type Committee Name

**Lone Star Leadership PAC**

Report Covering the Period: From:  /  /  To:  /  /

| 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).....  | 2750.00                       | 17500.00                          |
| (ii) Unitemized .....   | 100.00                        | 100.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 2850.00                       | 17600.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 23000.00                      | 123076.00                         |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 25850.00                      | 140676.00                         |
| 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.....           | 1800.00                       | 1800.00                           |
| 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 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))..... ▶                        | 27650.00                      | 142476.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 27650.00                      | 142476.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 3018.10                       | 53628.74                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3018.10                       | 53628.74                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 4000.00                       | 48500.00                          |
| 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)) ..      | 7018.10                       | 102128.74                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7018.10                       | 102128.74                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) .....        | 25850.00                      | 140676.00                         |
| 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) .....    | 25850.00                      | 140676.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 3018.10                       | 53628.74                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 3018.10                       | 53628.74                          |

**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 17  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

**A. Hans R. House**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Lake Point Road  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : SA11AI.4658**  
 Amount of Each Receipt this Period  
**250.00**

**B. Carol Laham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K Street NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wiley Rein, LLP Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : SA11AI.4668**  
 Amount of Each Receipt this Period  
**200.00**  
**[MEMO ITEM]**

**C. Kevin Maynard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K Street NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wiley Rein, LLP Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : SA11AI.4669**  
 Amount of Each Receipt this Period  
**200.00**  
**[MEMO ITEM]**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>250.00</b> |
| <b>TOTAL</b> 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 17  |
| <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)  
**Lone Star Leadership PAC**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Andrew McBride</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2011<br><b>Transaction ID : SA11AI.4670</b> |
| Mailing Address 1776 K Street NW  |                                    | Amount of Each Receipt this Period<br>200.00  |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20006   |
| FEC ID number of contributing federal political committee.<br>C   | [MEMO ITEM]                        |   |
| Name of Employer<br>Wiley Rein, LLP   | Occupation<br>Partner              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Scott McCaleb</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2011<br><b>Transaction ID : SA11AI.4671</b> |
| Mailing Address 1776 K Street NW  |                                    | Amount of Each Receipt this Period<br>200.00  |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20006   |
| FEC ID number of contributing federal political committee.<br>C   | [MEMO ITEM]                        |   |
| Name of Employer<br>Wiley Rein, LLP   | Occupation<br>Partner              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Richard McConnell</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 28 / 2011<br><b>Transaction ID : SA11AI.4672</b> |
| Mailing Address 1776 K Street NW  |                                    | Amount of Each Receipt this Period<br>200.00  |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20006   |
| FEC ID number of contributing federal political committee.<br>C   | [MEMO ITEM]                        |   |
| Name of Employer<br>Wiley Rein, LLP   | Occupation<br>Partner              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.00 |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 0.00 |
| <b>TOTAL</b> 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 17                 |
|   | <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)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)  
**A. Alexander N. Vogel**

Mailing Address 10000 Mount Airy Road

City Upperville State VA Zip Code 20184

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

Name of Employer Mehlman Vogel Castagnetti Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 09 / 2011  
**Transaction ID : SA11AI.4653**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Vin Weber**

Mailing Address 701 8th Street NW Suite 650

City Washington State DC Zip Code 20001

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

Name of Employer Clark & Weinstock Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 16 / 2011  
**Transaction ID : SA11AI.4647**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Wiley Rein, LLP**

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : SA11AI.4667**

Amount of Each Receipt this Period  
1000.00

SEE MEMO ITEMS/ Verified Non-Corporate

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2750.00 |

**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 9 OF 17  |
| <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)<br><b>A. American Association of Neurosurgeons PAC (Neurosurgery PAC)</b>               |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 02 / 2011<br><b>Transaction ID : SA11C.4619</b> |
| Mailing Address 5550 Meadowbrook Court  |                                     | Amount of Each Receipt this Period<br>2500.00  |
| City Rolling Meadows  | State IL                            | Zip Code 60008   |
| FEC ID number of contributing federal political committee.  | C C00413955                         |  |
| Name of Employer  | Occupation                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Association of Preferred Providers Organizations PAC (AAPPO PAC)</b>  |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 21 / 2011<br><b>Transaction ID : SA11C.4648</b> |
| Mailing Address 222 South First Street<br>Suite 303   |                                     | Amount of Each Receipt this Period<br>1500.00  |
| City Louisville   | State KY                            | Zip Code 40202   |
| FEC ID number of contributing federal political committee.  | C C00352922                         |  |
| Name of Employer  | Occupation                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Dental PAC</b>  |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 30 / 2011<br><b>Transaction ID : SA11C.4673</b> |
| Mailing Address 1111 14th Street NW<br>Suite 1100   |                                     | Amount of Each Receipt this Period<br>1500.00  |
| City Washington   | State DC                            | Zip Code 20005   |
| FEC ID number of contributing federal political committee.  | C C00000729                         |  |
| Name of Employer  | Occupation                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5500.00 |
| <b>TOTAL</b> 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 17   |
| <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 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  
 12 / 28 / 2011  
**Transaction ID : SA11C.4654**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. AT&T, Inc. Federal Political Action Committee (AT&T Federal PAC)**

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11C.4651**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Gridiron PAC**

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

FEC ID number of contributing federal political committee. **C C00451153**

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  
 12 / 28 / 2011  
**Transaction ID : SA11C.4660**

Amount of Each Receipt this Period  
2500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7500.00 |
| <b>TOTAL</b> 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 17   |
| <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)<br><b>A. Koch Industries, Inc. Political Action Committee (KOCHPAC)</b>                 |                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 15 / 2011<br><b>Transaction ID : SA11C.4649</b> |
| Mailing Address 600 14th Street NW<br>Suite 800   |                         | Amount of Each Receipt this Period<br>2500.00  |
| City Washington   | State DC Zip Code 20005 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00236489   |                         | Aggregate Year-to-Date ▼<br>5000.00  |
| Name of Employer  | Occupation              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. News America Holdings, Inc. PAC (FOX PAC)</b>                                  |                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 16 / 2011<br><b>Transaction ID : SA11C.4643</b> |
| Mailing Address 444 North Capitol Street<br>Suite 740   |                         | Amount of Each Receipt this Period<br>2500.00  |
| City Washington   | State DC Zip Code 20001 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00330019   |                         | Aggregate Year-to-Date ▼<br>2500.00  |
| Name of Employer  | Occupation              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |

|   |                         |  |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Physician Hospitals of America Political Action Committee</b>                  |                         | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 02 / 2011<br><b>Transaction ID : SA11C.4618</b> |
| Mailing Address 5900 South Western Avenue<br>Suite 102  |                         | Amount of Each Receipt this Period<br>1000.00  |
| City Sioux Falls  | State SD Zip Code 57108 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00394163   |                         | Aggregate Year-to-Date ▼<br>1000.00  |
| Name of Employer  | Occupation              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00 |
| <b>TOTAL</b> 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 17   |
| <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)<br><b>A. Physician Hospitals of America Political Action Committee</b>                  |  | Date of Receipt   |
| Mailing Address 5900 South Western Avenue<br>Suite 102  |  | <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2011"/> |
| City<br>Sioux Falls   | State<br>SD                            | Zip Code<br>57108   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C00394163"/> | <b>Transaction ID : SA11C.4644</b>  |
| Name of Employer  | Occupation                             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼               | <input type="text" value="1500.00"/>  |
|   | <input type="text" value="2500.00"/>   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Valero Energy Political Action Committee</b>                                   |  | Date of Receipt   |
| Mailing Address One Valero Way  |  | <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/> |
| City<br>San Antonio   | State<br>TX                            | Zip Code<br>78249   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C00109546"/> | <b>Transaction ID : SA11C.4650</b>  |
| Name of Employer  | Occupation                             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼               | <input type="text" value="2500.00"/>  |
|   | <input type="text" value="5000.00"/>   |   |

|   |                                |  |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                                | 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:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼       | <input type="text"/>   |
|   | <input type="text"/>           |  |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="4000.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value="23000.00"/> |

**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 13 OF 17                          |
| <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 checked="" 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)<br><b>A. Karen Diebel for Congress 2012</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 19 / 2011<br><b>Transaction ID : SA16.4641</b> |
| Mailing Address 127 West Fairbanks Avenue #482                                      |   | Amount of Each Receipt this Period<br>1800.00   |
| City Winter Park State FL Zip Code 32789  | FEC ID number of contributing federal political committee. <b>C</b> C00494310   | Returned PAC Contribution   |
| Name of Employer Occupation   | Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1800.00   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y |
| Mailing Address                                      |   | Amount of Each Receipt this Period         |
| City State Zip Code                                  | FEC ID number of contributing federal political committee. <b>C</b>   | Returned PAC Contribution                  |
| Name of Employer Occupation                          | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y |
| Mailing Address                                      |   | Amount of Each Receipt this Period         |
| City State Zip Code                                  | FEC ID number of contributing federal political committee. <b>C</b>   | Returned PAC Contribution                  |
| Name of Employer Occupation                          | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1800.00 |

**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)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824-0844

Purpose of Disbursement  
PAC Compliance Consulting

**001**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /   
12 / 15 / 2011

**Transaction ID : SB21B.4625**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Epiphany Productions**

Mailing Address 104 Hume Avenue

City State Zip Code  
Alexandria VA 22301

Purpose of Disbursement  
SEE MEMO ITEMS

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /   
12 / 22 / 2011

**Transaction ID : SB21B.4638**

Amount of Each Disbursement this Period

2518.10

Full Name (Last, First, Middle Initial)

**C. Epiphany Productions**

Mailing Address 104 Hume Avenue

City State Zip Code  
Alexandria VA 22301

Purpose of Disbursement  
PAC Fundraising Consulting

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /   
12 / 22 / 2011

**Transaction ID : SB21B.4639**

Amount of Each Disbursement this Period

2500.00

**[MEMO ITEM]**

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

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

3018.10

**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. Epiphany Productions**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
PAC Express Shipping

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4640**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.**

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

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 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)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Chris Gibson for Congress**

Mailing Address PO Box 234

City State Zip Code  
Saratoga Springs NY 12866

Purpose of Disbursement  
PAC Contribution

011

Category/  
Type

Candidate Name

**Chris P. Gibson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : SB23.4633**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Coffman for Congress 2012**

Mailing Address 9249 South Broadway  
#200-501

City State Zip Code  
Highlands Ranch CO 80129

Purpose of Disbursement  
PAC Contribution

011

Category/  
Type

Candidate Name

**Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : SB23.4626**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Nan Hayworth**

Mailing Address PO Box 188

City State Zip Code  
Carmel NY 10512

Purpose of Disbursement  
PAC Contribution

011

Category/  
Type

Candidate Name

**Nan Hayworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : SB23.4629**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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 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)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Scott Desjarlais**

Mailing Address P O Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement  
PAC Contribution

011

Candidate Name

**Scott Eugene DesJarlais**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : SB23.4630**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

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

M M M / D 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D 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)..... ▶

1000.00

4000.00