



**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="2015"/>		99772.15
(b) Cash on Hand at Beginning of Reporting Period.....	95098.91	
(c) Total Receipts (from Line 19) .....	33750	38850
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	128848.91	138622.15
7. Total Disbursements (from Line 31).....	15963.23	25736.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112885.68	112885.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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: M M / D D / Y Y Y Y 02 / 01 / 2015 To: M M / D D / Y Y Y Y 02 / 28 / 2015

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).....	3650	3650
(ii) Unitemized .....	8100	13200
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11750	16850
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	22000	22000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33750	38850
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33750	38850
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33750	38850

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	15963.23	25736.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15963.23	25736.47
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15963.23	25736.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15963.23	25736.47

**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) .....	33750	38850
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33750	38850
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15963.23	25736.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15963.23	25736.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XN  
Transaction ID :

Please note: The Committee has demonstrated the necessary steps to establish best efforts to obtain and disclose the full identification of all individuals who contribute in excess of \$200 in a calendar year. These efforts include a clear request with the original solicitation, followed by a Request for Missing Information Letter, which clearly asks for the missing information without soliciting a contribution. In addition, the letter reads: Federal law requires us to make our best efforts to collect and report the name, mailing address, occupation and name of employer for individuals who contribute in excess of \$200 in a calendar year. We then enclose a self-addressed envelope and include a telephone number to reach the committee with any questions.

Form/Schedule:  
Transaction ID:

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

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**

**A. Thomas Shireman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 NE Parks View Court  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 1043-1176-c**  
 Amount of Each Receipt this Period  
 950

**B. David Levitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 Sleepy Hollow Court  
 City Westlake State TX Zip Code 76262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 980-1164-c**  
 Amount of Each Receipt this Period  
 1000

**C. James Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Green Oaks Drive  
 City Colleyville State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 989-1162-c**  
 Amount of Each Receipt this Period  
 700

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2650.00
<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: PAGE 8 OF 14  
(check only one)

<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**

**A. Timothy Ritter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 East Bethel School Road  
City Coppel State TX Zip Code 75019  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Information Requested Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015  
**Transaction ID : 997-1163-c**  
Amount of Each Receipt this Period  
1000

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3650.00

**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 14
<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) <b>A. Kelley Drye &amp; Warren, LLP PAC</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2015 <b>Transaction ID : 1024-1151-c</b>
Mailing Address 3050 K Street NW Suite 400		Amount of Each Receipt this Period 2000
City Washington	State DC Zip Code 20007	
FEC ID number of contributing federal political committee. C C00301929		Aggregate Year-to-Date ▼ 2000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Clinical Laboratory Association PAC (LabPAC)</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : 673-1153-c</b>
Mailing Address 1100 New York Avenue NW Suite 725 West		Amount of Each Receipt this Period 2500
City Washington	State DC Zip Code 20005-6172	
FEC ID number of contributing federal political committee. C C00410084		Aggregate Year-to-Date ▼ 2500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Laboratory Corporation of America Holdings Political Participation Program</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : 571-1154-c</b>
Mailing Address 231 Maple Avenue		Amount of Each Receipt this Period 2500
City Burlington	State NC Zip Code 27215-5848	
FEC ID number of contributing federal political committee. C C00314997		Aggregate Year-to-Date ▼ 2500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 14
<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. Quest Diagnostics, Inc. PAC**

Mailing Address 1401 K Street NW  
Suite 803

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00329185

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
02 / 05 / 2015  
**Transaction ID : 1025-1152-c**

Amount of Each Receipt this Period  
5000

Full Name (Last, First, Middle Initial)  
**B. Sanofi US Services, Inc. Employees' PAC**

Mailing Address 55 Corporate Drive

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
02 / 20 / 2015  
**Transaction ID : 1044-1177-c**

Amount of Each Receipt this Period  
5000

Full Name (Last, First, Middle Initial)  
**C. American Medical Association PAC**

Mailing Address 25 Massachusetts Avenue NW  
Suite 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
02 / 27 / 2015  
**Transaction ID : 686-1194-c**

Amount of Each Receipt this Period  
5000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22000.00

**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. Blueprint Communications**

Mailing Address 2111 Eisenhower Avenue  
Suite 400

City Alexandria State VA Zip Code 22314-4679

Purpose of Disbursement  
PAC Public Affairs Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-896-1087-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-414-1086-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
SEE MEMO ITEMS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-414-1088-e**

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 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. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
PAC Meal Expenses

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-441-273-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Subitemization of Bogart Associates, Inc. ( 02/04/15 )

Full Name (Last, First, Middle Initial)

**B. The Liaison Capitol Hill Hotel**

Mailing Address 415 New Jersey Avenue NW

City Washington State DC Zip Code 20001-2001

Purpose of Disbursement  
PAC Catering

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : SB21B-514-1198-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619612  
MD 2400

City Dfw Airport State TX Zip Code 75261-9612

Purpose of Disbursement  
PAC Airfare

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : SB21B-802-1199-e**

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 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. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
PAC Software Service

**001**  
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  
02 / 11 / 2015

**Transaction ID : SB21B-402-1126-e**

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
SEE MEMO ITEMS

**001**  
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  
02 / 13 / 2015

**Transaction ID : SB21B-401-1127-e**

Amount of Each Disbursement this Period

875

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
PAC Compliance Consulting

**001**  
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  
02 / 13 / 2015

**Transaction ID : SB21B-401-275-V**

Amount of Each Disbursement this Period

725

**[MEMO ITEM]**  
Subitemization of Campaign Financial Services ( 02/13/15 )

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

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

1125.00

**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 General Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-401-277-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Campaign Financial Services ( 02/13/15 )

Full Name (Last, First, Middle Initial)

**B. Wiley Rein, LLP**

Mailing Address 1776 K Street NW

City State Zip Code  
Washington DC 20006-2304

Purpose of Disbursement  
PAC Legal Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-619-1128-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Blueprint Communications**

Mailing Address 2111 Eisenhower Avenue  
Suite 400

City State Zip Code  
Alexandria VA 22314-4679

Purpose of Disbursement  
PAC Public Affairs Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-896-1178-e**

Amount of Each Disbursement this Period

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

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