

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 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00269779 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2008 through 04 30 2008

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 James Davidson Signature of Treasurer Electronically Filed by James Davidson Date 05 20 2008

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Lone Star Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		3529.64
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	7194.57									
(c) Total Receipts (from Line 19) .....	13150.00	32014.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20344.57	35544.29								
7. Total Disbursements (from Line 31) .....	12239.20	27438.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8105.37	8105.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Lone Star Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1000.00	14250.00
(i) Itemized (use Schedule A) .....	150.00	410.00
(ii) Unitemized .....	1150.00	14660.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	12000.00	17000.00
(c) Other Political Committees (such as PACs) .....	13150.00	31660.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	352.70
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	1.95
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)) .....	13150.00	32014.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13150.00	32014.65

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B 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.....	11739.20	21838.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	11739.20	21838.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	500.00	5600.00
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))..	12239.20	27438.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12239.20	27438.92

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	13150.00	31660.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13150.00	31660.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11739.20	21838.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	352.70
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11739.20	21486.22

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 12	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Lone Star Fund

**A.**

Full Name (Last, First, Middle Initial) Don D. Montgomery, Jr.		Date of Receipt	
Mailing Address 2701 State Street		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8	
City	State	Zip Code	<b>Transaction ID:</b> C1348
Dallas	TX	75204-2634	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer Self-Employed	Occupation	Aggregate Year-to-Date ▼	
	Attorney	1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 7 / 12  
(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)  
United Transportation Union Political Education Le  
Mailing Address 14600 Detroit Avenue  
City Cleveland State OH Zip Code 44107  
FEC ID number of contributing federal political committee. **C** C00001636  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 04 / 07 / 2008  
Transaction ID: C1347  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
UAW-V-CAP  
Mailing Address 8000 East Jefferson  
City Detroit State MI Zip Code 48214  
FEC ID number of contributing federal political committee. **C** C00002840  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 04 / 25 / 2008  
Transaction ID: C1352  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
CWA-COPE Political Contributions Committee  
Mailing Address 501 3rd Street, N.W.  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00002089  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt: 04 / 29 / 2008  
Transaction ID: C1353  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00  
**TOTAL** This Period (last page this line number only) ..... ► 12000.00

# 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 Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) City Of Fort Worth Mailing Address 1000 Throckmorton Street City Fort Worth State TX Zip Code 76102 Purpose of Disbursement Photocopies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2561 Date of Disbursement 04 / 21 / 2008	Amount of Each Disbursement this Period 119.50
<b>B.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2562 Date of Disbursement 04 / 21 / 2008	Amount of Each Disbursement this Period 280.80
<b>C.</b>	Full Name (Last, First, Middle Initial) Amber Moon Mailing Address 616 Memorial Heights # 11225 City Houston State TX Zip Code 77008 Purpose of Disbursement Reimbursement-Office Furniture Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2554 Date of Disbursement 04 / 01 / 2008	Amount of Each Disbursement this Period 398.36

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>798.66</b>
<b>TOTAL</b> 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 Fund

**A.** Full Name (Last, First, Middle Initial) **Transaction ID:** D2560  
Texas Litigation Fund Date of Disbursement

Mailing Address 6 E Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

8000.00
---------

Purpose of Disbursement  
Legal Services

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.** Full Name (Last, First, Middle Initial) **Transaction ID:** D2563  
American Express Date of Disbursement

Mailing Address P.O. Box 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Newark State NJ Zip Code 07101

Amount of Each Disbursement this Period

2910.75
---------

Purpose of Disbursement  
Credit Card Payment, See Below

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C.** Full Name (Last, First, Middle Initial) **Transaction ID:** D2568  
Staples Date of Disbursement

Mailing Address 1104 W. Broad Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Falls Church State VA Zip Code 22046

Amount of Each Disbursement this Period

328.69
--------

Purpose of Disbursement  
Office Supplies

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

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

10910.75
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**TOTAL** This Period (last page this line number only) ..... ►

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# 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 Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Verve Hosting Mailing Address P.O. Box 431143 City Pontiac State MI Zip Code 48341 Purpose of Disbursement Website Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2564 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 219.20 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Food Matters, LLC Mailing Address 191 Somerville Street City Alexandria State VA Zip Code 22304 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2578 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 246.80 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Amazon.com Mailing Address PO Box 15550 City New Castle State DE Zip Code 19720 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2570 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 558.81 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 11 / 12

<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)  
Dell Marketing L.P.

Mailing Address 1 Dell Way

City State Zip Code  
Austin TX 78682

Purpose of Disbursement  
Office Equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: D2569

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1064.90

[MEMO ITEM]

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

0.00

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

11709.41

**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 / 12

<input 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 checked="" 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)  
Diane Trautman Campaign

Transaction ID: D2581

Date of Disbursement

Mailing Address PO Box 6067

<sup>M</sup> 0	<sup>M</sup> 4	/	<sup>D</sup> 2	<sup>D</sup> 9	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
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City State Zip Code  
Kingwood TX 77325

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Nonfederal Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00

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

500.00