

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Lone Star Leadership PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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		8376.10
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	8026.10									
(c) Total Receipts (from Line 19)	25350.00	62850.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33376.10	71226.10								
7. Total Disbursements (from Line 31)	7818.55	45668.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25557.55	25557.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Lone Star Leadership PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	250.00	1250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	250.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	22500.00	59000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22750.00	60250.00
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	2600.00	2600.00
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))	25350.00	62850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25350.00	62850.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	4818.55	12668.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4818.55	12668.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	33000.00
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.....	0.00	0.00
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))..	7818.55	45668.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7818.55	45668.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	22750.00	60250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22750.00	60250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4818.55	12668.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4818.55	12668.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16	
	(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

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.

Full Name (Last, First, Middle Initial) Michael Tongour		Date of Receipt
Mailing Address 4937 Tilden Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4280
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00 <input type="text"/>
Name of Employer TCH Group	Occupation Principle	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00 <input type="text"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00 <input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/> 250.00 <input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

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

Mailing Address 100 Abbott Park Road

City State Zip Code
Abbott Park IL 60064

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11C.4257

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1445 New York Avenue NW
Suite 800

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: SA11C.4268

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
American Academy of Ophthalmology, Inc. PAC (OphthPAC)

Mailing Address 655 Beach Street

City State Zip Code
San Francisco CA 94120-7424

FEC ID number of contributing federal political committee. **C** C00196246

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
07 / 28 / 2010

Transaction ID: SA11C.4289

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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 8 / 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

A. Full Name (Last, First, Middle Initial)
American College of Cardiology PAC

Mailing Address 2400 N Street NW

City State Zip Code
Washington DC 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11C.4256

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11C.4278

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
American Society of Plastic Surgeons PAC (PlastyPAC)

Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00249342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: SA11C.4286

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 / 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

A. Full Name (Last, First, Middle Initial)
College of American Pathologists PAC (PATHPAC)

Mailing Address 1350 I Street NW
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11C.4254

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MedImmune Affairs, Inc. Employee Political Awareness Committee (MEDIMMUNE PAC)

Mailing Address One MedImmune Way

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C** C00399725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11C.4276

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Premier, Inc. Employees' Civic Action Fund

Mailing Address 444 North Capitol Street NW
Suite 625

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00346288

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: SA11C.4287

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00

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 10 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

A.	Full Name (Last, First, Middle Initial) The Society of Thoracic Surgeons Political Action Committee		Date of Receipt
	Mailing Address 1025 Connecticut Avenue NW Suite 1104		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4255
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="22500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) Bill Flores for Congress		Date of Receipt
	Mailing Address PO Box 6207		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bryan	TX	77805
	FEC ID number of contributing federal political committee.		<input type="text" value="C000472241"/>
	Name of Employer		Occupation
Receipt For: 2010		Aggregate Year-to-Date ▼	Transaction ID: SA16.4266
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="2600.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="2600.00"/>
			Refund of Excess Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2600.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2600.00"/>

**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

A.	Full Name (Last, First, Middle Initial) Bogart Associates, Inc.	Transaction ID: SB21B.4240 Date of Disbursement
	Mailing Address 1200 Trinity Drive	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising Consulting	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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.	Full Name (Last, First, Middle Initial) Campaign Financial Services	Transaction ID: SB21B.4265 Date of Disbursement
	Mailing Address 7315 Wisconsin Avenue Suite 310 East	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Compliance Consulting	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB21B.4248 Date of Disbursement
	Mailing Address 300 1st Street SE	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003-1801	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Catering	<input type="text" value="376.20"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1376.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Epiphany Productions	Transaction ID: SB21B.4242 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement SEE MEMO ITEMS	<input type="text" value="3442.35"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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.	Full Name (Last, First, Middle Initial) Epiphany Productions	Transaction ID: SB21B.4243 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising Consulting	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Epiphany Productions	Transaction ID: SB21B.4244 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Airfare	<input type="text" value="511.40"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3442.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

<p>A. Full Name (Last, First, Middle Initial) Epiphany Productions</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement PAC Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4245 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 229.11</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Epiphany Productions</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement PAC Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4246 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 123.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Epiphany Productions</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement PAC Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4247 Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 78.84</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	4818.55

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

A.

Full Name (Last, First, Middle Initial)
Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

PAC Contribution

Candidate Name
Joseph R. Pitts

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.4259
Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Graves for Congress

Mailing Address PO Box 701

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

PAC Contribution

Candidate Name
John Thomas Graves, Jr.

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 09

Transaction ID: SB23.4262
Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Kirkland for Congress

Mailing Address PO Box 11235

City Jackson State TN Zip Code 38308

Purpose of Disbursement

PAC Contribution

Candidate Name
Ronald Kirkland

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 08

Transaction ID: SB23.4281
Date of Disbursement

07 / 30 / 2010

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) ▶

3000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 / 16	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Lone Star Leadership PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bogart Associates, Inc.			Nature of Debt (Purpose): PAC Fundraising Consulting
Mailing Address 1200 Trinity Drive			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4239	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	500.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
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)	▶	0.00