

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

Office Use Only

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

Lone Star Fund

ADDRESS (number and street)

607 14th Street, NW, Suite 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00269779

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

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

10

19

2006

through

11

27

2006

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

12

07

2006

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Lone Star Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		1239.19
(b) Cash on Hand at Beginning of Reporting Period	4655.20	
(c) Total Receipts (from Line 19)	8700.00	88758.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13355.20	89997.47
7. Total Disbursements (from Line 31)	10416.79	87059.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2938.41	2938.41
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)	7132.36	

☒ 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. 02/2003)

Page 3

Write or Type Committee Name

Lone Star Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

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	2250.00	32000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	450.00	4680.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	2700.00	36680.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	50166.67
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	8700.00	86846.67
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	1911.00
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	.61
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))	8700.00	88758.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8700.00	88758.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		6416.79	58537.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		6416.79	58537.04
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1000.00	16250.00
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.....		3000.00	12272.02
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))..		10416.79	87059.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		10416.79	87059.06

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)	8700.00	86846.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8700.00	86846.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6416.79	58537.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1911.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6416.79	56626.04

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

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

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Lone Star Fund

Full Name (Last, First, Middle Initial)

A. William A. Roberts

Mailing Address 3540 Reservoir Road NW

City State Zip Code
 Washington DC 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Government Relations

Occupation
Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: C1179

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Don D. Montgomery, Jr.

Mailing Address 2701 State Street

City State Zip Code
 Dallas TX 75204-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C1172

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Griner

Mailing Address 4971 Allan Road

City State Zip Code
 Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
JP Morgan Chase

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1181

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 19

(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)

Lawrence F. O'Brien, III

Mailing Address 3410 Q Street, NW

City

Washington

State

DC

Zip Code

20007-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Brien Calio

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C1175

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 19

<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 Fund

A.

Full Name (Last, First, Middle Initial)

Tim Bishop for Congress

Mailing Address 129 Wooley Street

City	State	Zip Code
Southampton	NY	11968

FEC ID number of contributing
federal political committee.**C** C00375618

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	6

Transaction ID: C1180

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City	State	Zip Code
San Antonio	TX	78212

FEC ID number of contributing
federal political committee.**C** C00330084

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	6

Transaction ID: C1178

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Amer Fed of State County & Municipal Empl. PEOPLE

Mailing Address 1625 L Street, N.W.

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C1173

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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)

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<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

Full Name (Last, First, Middle Initial)

A. Brooks Group, LLC

Mailing Address 1920 Abrams Parkway
Suite 366

City Dallas State TX Zip Code 75214

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D2098

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address Ebay Park
North 221 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D2100

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address Ebay Park
North 221 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D2152

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1.75

SUBTOTAL of Disbursements This Page (optional)

2504.95

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)

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<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

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address P.O. Box 1140

City
Memphis

State
TN

Zip Code
38101

Purpose of Disbursement
Overnight Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

204.85

B. American Express

Mailing Address P.O. Box 1270

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2538.52

C. Verve Hosting

Mailing Address P.O. Box 431143

City
Pontiac

State
MI

Zip Code
48341

Purpose of Disbursement
Website Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2743.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 19

<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

Full Name (Last, First, Middle Initial)

A. Verve Hosting

Mailing Address P.O. Box 431143

City
Pontiac

State
MI

Zip Code
48341

Purpose of Disbursement
Website Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AV Actions, Inc.

Mailing Address 5704-H General Washington Drive

City
Alexandria

State
VA

Zip Code
22312

Purpose of Disbursement
Equipment Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Best Buy

Mailing Address 6201 Arlington Blvd.

City
Falls Church

State
VA

Zip Code
22044

Purpose of Disbursement
Office Equipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.98

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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<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

Full Name (Last, First, Middle Initial)

A. Select Event Rentals

Mailing Address 8610 Cherry Lane
Suite 30

City State Zip Code
Laurel MD 20707

Purpose of Disbursement
Equipment Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2103

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

550.68

[MEMO ITEM]

B. Duce

Mailing Address 6333 Camp Bowie Blvd.
Suite 240

City State Zip Code
Fort Worth TX 76116

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2104

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

689.32

[MEMO ITEM]

C. American Express

Mailing Address P.O. Box 1270

City State Zip Code
Newark NJ 07101

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2122

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

1155.92

SUBTOTAL of Disbursements This Page (optional)

1155.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

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

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NAME OF COMMITTEE (In Full)

Lone Star Fund

Full Name (Last, First, Middle Initial)

A. Verve Hosting

Mailing Address P.O. Box 431143

City Pontiac State MI Zip Code 48341

Purpose of Disbursement
Website Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Verve Hosting

Mailing Address P.O. Box 431143

City Pontiac State MI Zip Code 48341

Purpose of Disbursement
Website Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Best Buy

Mailing Address 6201 Arlington Blvd.

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
Office Equipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.49

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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<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

Full Name (Last, First, Middle Initial)

A. Curry's Auto Service

Mailing Address 105 Falls Avenue

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Automotive

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2143

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

209.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2136

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

177.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2135

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

6404.24

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lone Star Fund

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City
Catonsville

State
MD

Zip Code
21228

Purpose of Disbursement
Contribution

Candidate Name
Ben Cardin

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: D2093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shane Sklar for Congress

Mailing Address 5633 US Highway 59 NBAC

City
Edna

State
TX

Zip Code
77957

Purpose of Disbursement
Contribution

Candidate Name
Shane R. Sklar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 14

Transaction ID: D2097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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)

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

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NAME OF COMMITTEE (In Full)

Lone Star Fund

Full Name (Last, First, Middle Initial)

A. Paula Hightower Pierson for State Representative

Mailing Address 301 West Abrams

City State Zip Code
Arlington TX 76010

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Harriet Miller Campaign

Mailing Address 17194 Preston Road
Suite 102

City State Zip Code
Dallas TX 75248

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Voice Broadcasting Corporation

Mailing Address 1527 South Cooper Street

City State Zip Code
Arlington TX 76010

Purpose of Disbursement
Nonfederal In-Kind to Pierson Campaign

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.24

[MEMO ITEM]

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)

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<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

Full Name (Last, First, Middle Initial)

A. Voice Broadcasting Corporation

Mailing Address 1527 South Cooper Street

City State Zip Code
Arlington TX 76010

Purpose of Disbursement
Nonfederal In-Kind to Miller Campaign

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2148

Date of Disbursement

10 / 29 / 2006

Amount of Each Disbursement this Period

340.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Voice Broadcasting Corporation

Mailing Address 1527 South Cooper Street

City State Zip Code
Arlington TX 76010

Purpose of Disbursement
Nonfederal In-Kind to Pierson Campaign

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2149

Date of Disbursement

10 / 29 / 2006

Amount of Each Disbursement this Period

297.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Voice Broadcasting Corporation

Mailing Address 1527 South Cooper Street

City State Zip Code
Arlington TX 76010

Purpose of Disbursement
Nonfederal In-Kind to Pierson Campaign

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D2150

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

41.92

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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<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

Full Name (Last, First, Middle Initial)

A. Voice Broadcasting Corporation

Mailing Address 1527 South Cooper Street

City
Arlington

State
TX

Zip Code
76010

Purpose of Disbursement
Nonfederal In-Kind to Pierson Campaign

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D2151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Lone Star Fund**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Voice Broadcasting CorporationNature of Debt (Purpose):
Nonfederal In-Kind Contributions

Mailing Address 1527 South Cooper Street

City State ZIP Code
Arlington TX 76010

Outstanding Balance Beginning This Period

0.00

Transaction ID: D2099

Amount Incurred This Period

1132.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

1132.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Angle & AssociatesNature of Debt (Purpose):
ListMailing Address 6 E Street, SE
2nd FloorCity State ZIP Code
Washington DC 20003

Outstanding Balance Beginning This Period

6000.00

Transaction ID: D1946

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

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

7132.36

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

7132.36

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)