

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Lone Star Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1434.68
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1434.68									
(c) Total Receipts (from Line 19)	54024.85	54024.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55459.53	55459.53								
7. Total Disbursements (from Line 31)	31171.57	31171.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24287.96	24287.96								
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)	26482.14									

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 Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	27500.00	27500.00
(ii) Unitemized	495.00	495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27995.00	27995.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	26000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53995.00	53995.00
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)	29.85	29.85
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	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))	54024.85	54024.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54024.85	54024.85

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.....	19421.57	19421.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19421.57	19421.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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.....	9250.00	9250.00
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))..	31171.57	31171.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31171.57	31171.57

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)	53995.00	53995.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53995.00	53995.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19421.57	19421.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	29.85	29.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19391.72	19391.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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 Fund

A.

Full Name (Last, First, Middle Initial)
Otis L. Carroll

Mailing Address 1819 S. Chilton

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Ireland, Carroll & Kelley Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: C1403

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Tom Hall

Mailing Address 4512 Dartmoore Lane

City State Zip Code
Colleyville TX 76034

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: C1394

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Pat Maloney, Jr.

Mailing Address 239 E. Commerce Street

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation
Law Offices of Pat Maloney, P.C. Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: C1388

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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 7 / 29
(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)
Randy Dukes

Mailing Address PO Box 11635

City State Zip Code
Fort Worth TX 76110

FEC ID number of contributing federal political committee. C

Name of Employer Approved Housing Solution-s, Ltd. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2009
Transaction ID: C1392

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Marc Winkelman

Mailing Address 6411 Burleson Road

City State Zip Code
Austin TX 78744

FEC ID number of contributing federal political committee. C

Name of Employer Calendar Club LLC Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009
Transaction ID: C1389

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Brent M. Rosenthal

Mailing Address 6617 Lakewood Blvd.

City State Zip Code
Dallas TX 75214

FEC ID number of contributing federal political committee. C

Name of Employer Baron & Budd, PC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2009
Transaction ID: C1391

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2500.00

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 / 29
(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)
Rebecca W. Bruder

Mailing Address 5144 Meaders Ln.

City State Zip Code
Dallas TX 75229

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 11 / 2009
Transaction ID: C1400

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 2000.00

Date of Receipt 05 / 20 / 2009
Transaction ID: C1393

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 2000.00

Date of Receipt 06 / 18 / 2009
Transaction ID: C1402

Amount of Each Receipt this Period 1000.00

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 / 29
(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)
Mary A. McLarty

Mailing Address 6407 Clubhouse Circle

City State Zip Code
Dallas TX 75240

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: C1428

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lisa A. Baron

Mailing Address 5950 Deloache Avenue

City State Zip Code
Dallas TX 75225

FEC ID number of contributing federal political committee. C

Name of Employer Baron & Blue Occupation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C1406

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Thomas M. Dunning

Mailing Address 717 N. Harwood Suite 2500

City State Zip Code
Dallas TX 75201

FEC ID number of contributing federal political committee. C

Name of Employer Lockton Dunning Benefits Corp. Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C1408

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(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)
Aimee B. Boone

Mailing Address 902 Ethel Street

City State Zip Code
Austin TX 78704

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

Name of Employer Occupation
Texas Democratic Party Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2009

Transaction ID: C1384

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
David Gail

Mailing Address 4517 W. Amherst

City State Zip Code
Dallas TX 75209

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

Name of Employer Occupation
Weil, Gotshal & Manges, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: C1401

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	27500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29
(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)
UAW-V-CAP

Mailing Address 8000 East Jefferson

City State Zip Code
Detroit MI 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
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: C1396

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Amer Fed of State County & Municipal Employees

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: C1410

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
International Brotherhood of Electrical Workers COPE

Mailing Address 900 Seventh Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: C1409

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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 12 / 29
(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
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: C1407

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Avenue, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

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
0 6 / 2 4 / 2 0 0 9

Transaction ID: C1404

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, NW

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C1399

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00

TOTAL This Period (last page this line number only) ► 26000.00

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)

PAGE 13 / 29

<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) Federal Express	Transaction ID: D2685 Date of Disbursement
	Mailing Address P.O. Box 1140	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="45.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D2690 Date of Disbursement
	Mailing Address P.O. Box 1140	<input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="508.94"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D2691 Date of Disbursement
	Mailing Address P.O. Box 1140	<input type="text" value="03"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="82.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="636.09"/>
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)

PAGE 14 / 29

<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) Federal Express	Transaction ID: D2697 Date of Disbursement 04 / 02 / 2009
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 323.74
	City Memphis State TN Zip Code 38101	
	Purpose of Disbursement Shipping Candidate Name	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) Federal Express	Transaction ID: D2699 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 147.37
	City Memphis State TN Zip Code 38101	
	Purpose of Disbursement Shipping Candidate Name	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) Federal Express	Transaction ID: D2705 Date of Disbursement 05 / 21 / 2009
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 175.15
	City Memphis State TN Zip Code 38101	
	Purpose of Disbursement Shipping Candidate Name	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)	▶	646.26
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 15 / 29

<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

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) Federal Express	Transaction ID: D2709 Date of Disbursement
	Mailing Address P.O. Box 1140	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="42.40"/>
	Candidate Name	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) Suntrust	Transaction ID: D2727 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="25.00"/>
	Candidate Name	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) Suntrust	Transaction ID: D2728 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="25.00"/>
	Candidate Name	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="92.40"/>
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 Fund

A.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2729
	Mailing Address PO Box 6600	Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2730
	Mailing Address PO Box 6600	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 22.66
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2731
	Mailing Address PO Box 6600	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 0.58
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	48.24
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 Fund

A.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2733 Date of Disbursement 04 / 03 / 2009
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 0.01
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2732 Date of Disbursement 04 / 03 / 2009
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 1.75
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Suntrust	Transaction ID: D2735 Date of Disbursement 05 / 04 / 2009
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 0.46
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2.22
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 Fund

A.

Full Name (Last, First, Middle Initial)
Suntrust

Transaction ID: D2734
Date of Disbursement

Mailing Address PO Box 6600

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

--

24.16

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Suntrust

Transaction ID: D2737
Date of Disbursement

Mailing Address PO Box 6600

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	9

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

--

0.35

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Suntrust

Transaction ID: D2736
Date of Disbursement

Mailing Address PO Box 6600

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	9

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

--

0.88

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

25.39

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: D2738</p> <p>Date of Disbursement 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 0.26</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: D2739</p> <p>Date of Disbursement 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 10.30</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Suntrust</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: D2740</p> <p>Date of Disbursement 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 115.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

125.56

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 Fund

A.	Full Name (Last, First, Middle Initial) Perkins Coie, LLP	Transaction ID: D2711 Date of Disbursement 06 / 18 / 2009
	Mailing Address 607 14th St., N.W. Suite 800	Amount of Each Disbursement this Period 2155.19
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal & Accounting Services	Category/Type
	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.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D2726 Date of Disbursement 03 / 20 / 2009
	Mailing Address 1225 Eye St. NW Suite 1225	Amount of Each Disbursement this Period 4204.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Database & Email Services	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D2694 Date of Disbursement 03 / 23 / 2009
	Mailing Address 1225 Eye St. NW Suite 1225	Amount of Each Disbursement this Period 720.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Email Services	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	7079.19
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 Fund

A.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D2704 Date of Disbursement 05 / 21 / 2009
	Mailing Address 1225 Eye St. NW Suite 1225	Amount of Each Disbursement this Period 320.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Email Services	Category/Type
	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.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D2710 Date of Disbursement 06 / 18 / 2009
	Mailing Address 1225 Eye St. NW Suite 1225	Amount of Each Disbursement this Period 1797.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Database & Email Services	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) J. Gerald Hebert, P.C.	Transaction ID: D2724 Date of Disbursement 06 / 29 / 2009
	Mailing Address 5019 Waple Lane	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Legal Services	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	7117.00
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)

PAGE 22 / 29

<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) E Street Properties, LLC	Transaction ID: D2714
	Mailing Address 6 E Street, SE	Date of Disbursement 06 / 22 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Rent	Category/ Type
	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.	Full Name (Last, First, Middle Initial) E Street Properties, LLC	Transaction ID: D2715
	Mailing Address 6 E Street, SE	Date of Disbursement 06 / 23 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Rent	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Quorum Report	Transaction ID: D2703
	Mailing Address P.O. Box 8	Date of Disbursement 05 / 21 / 2009
	City Austin State TX Zip Code 78767	Amount of Each Disbursement this Period 324.75
	Purpose of Disbursement Subscription	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2824.75

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

18597.10

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

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 29

<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 Fund

A. Full Name (Last, First, Middle Initial) Texas Democratic Party <hr/> Mailing Address PO Box 2192 <hr/> City Austin State TX Zip Code 78767 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Texas Democratic Party <hr/> 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: D2692 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2009
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Chet Edwards For Congress <hr/> Mailing Address P.O. Box 23273 <hr/> City Waco State TX Zip Code 76702 <hr/> Purpose of Disbursement Contribution Candidate Name Chet Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2717 Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2009
	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

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 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) Jenkins for Dallas County Judge	Transaction ID: D2700 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 222285	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75222	
	Purpose of Disbursement Nonfederal In Kind List Candidate Name	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]

B.	Full Name (Last, First, Middle Initial) Jenkins for Dallas County Judge	Transaction ID: D2721 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO Box 222285	Amount of Each Disbursement this Period 250.00
	City Dallas State TX Zip Code 75222	
	Purpose of Disbursement Nonfederal Contribution Candidate Name	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) Texas Democratic Trust	Transaction ID: D2753 Date of Disbursement 03 / 02 / 2009
	Mailing Address PO Box 2192 Suite 900	Amount of Each Disbursement this Period 5000.00
	City Austin State TX Zip Code 78767	
	Purpose of Disbursement Nonfed Targeting/Voter File Analysis Candidate Name	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)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Texas Justice Fund

Transaction ID: D2707
Date of Disbursement

Mailing Address 6 E Street, SE

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Miklos for State Representative

Transaction ID: D2720
Date of Disbursement

Mailing Address PO Box 850469

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

City Mesquite State TX Zip Code 75185

Amount of Each Disbursement this Period

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Carol Kent Campaign

Transaction ID: D2719
Date of Disbursement

Mailing Address 6 Twin Bridge

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

City Dallas State TX Zip Code 75243

Amount of Each Disbursement this Period

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Tarrant County Democratic Party	Transaction ID: D2684 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3004 W. Lancaster	Amount of Each Disbursement this Period 250.00
	City Fort Worth State TX Zip Code 76107	
	Purpose of Disbursement Nonfederal In-kind List	[MEMO ITEM]
	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.	Full Name (Last, First, Middle Initial) Kendra Yarbrough Camarena Campaign	Transaction ID: D2712 Date of Disbursement 06 / 18 / 2009
	Mailing Address 6007 Spruce Forest Drive	Amount of Each Disbursement this Period 250.00
	City Houston State TX Zip Code 77092	
	Purpose of Disbursement Nonfederal Contribution	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Texas Values in Action Coalition	Transaction ID: D2752 Date of Disbursement 06 / 10 / 2009
	Mailing Address 3521 Oak Lawn Ave, #115	Amount of Each Disbursement this Period 1250.00
	City Dallas State TX Zip Code 75219	
	Purpose of Disbursement Nonfederal Contribution	[MEMO ITEM]
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Chris Turner for State Representative	Transaction ID: D2722
	Mailing Address PO Box 171138	Date of Disbursement 06 / 24 / 2009
	City Arlington State TX Zip Code 76003	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tarrant County Stonewall Democrats	Transaction ID: D2702
	Mailing Address PO Box 12434	Date of Disbursement 05 / 11 / 2009
	City Fort Worth State TX Zip Code 76110	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Nonfederal Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paula Hightower Pierson for State Representative	Transaction ID: D2718
	Mailing Address 301 West Abrams	Date of Disbursement 06 / 24 / 2009
	City Arlington State TX Zip Code 76010	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

PAGE 28 / 29

<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)
Annie's List

Transaction ID: D2706

Date of Disbursement

Mailing Address 506 West 7th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	9

City State Zip Code
Austin TX 78701

Amount of Each Disbursement this Period

5000.00

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) ►

5000.00

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

9250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Lone Star Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie, LLP	Nature of Debt (Purpose): Legal & Accounting Services
Mailing Address 607 14th St., N.W. Suite 800	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D2713	
Amount Incurred This Period 11738.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 11738.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor E Street Properties, LLC	Nature of Debt (Purpose): Rent
Mailing Address 6 E Street, SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D2716	
Amount Incurred This Period 9500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Credit Card
Mailing Address P.O. Box 1270	
City State ZIP Code Newark NJ 07101	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D2757	
Amount Incurred This Period 5243.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 5243.20

1) SUBTOTALS This Period This Page (optional).....	26482.14
2) TOTALS This Period (last page this line number only).....	26482.14
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)	26482.14