

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**Lone Star Leadership PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 Steven Martin Jr.

Signature of Treasurer Steven Martin Jr. [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Lone Star Leadership PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="99772.15"/>	<input type="text" value="99772.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="158075.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="34500"/>	<input type="text" value="148740.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="192575.59"/>	<input type="text" value="248512.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="78343.06"/>	<input type="text" value="134279.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114232.53"/>	<input type="text" value="114232.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Lone Star Leadership PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	5000	12040.13
(ii) Unitemized .....	0	13200
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000	25240.13
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	29500	123500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34500	148740.13
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34500	148740.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34500	148740.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	8343.06	65279.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8343.06	65279.75
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000	69000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78343.06	134279.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78343.06	134279.75

**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) .....	34500	148740.13
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34500	148740.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8343.06	65279.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8343.06	65279.75

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

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

FOR LINE NUMBER: PAGE 6 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**J. Steven Hart**

Mailing Address 701 8th Street NW  
Floor 5

City Washington State DC Zip Code 20001-3958

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

Name of Employer Williams & Jensen Occupation Partner & President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : 384-1263-c**

Amount of Each Receipt this Period  
5000

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial) <b>A. American Hospital Association PAC</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : 449-1248-c</b>
Mailing Address 800 Tenth Street NW Suite 400		Amount of Each Receipt this Period 1000
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00106146		Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

Full Name (Last, First, Middle Initial) <b>B. National Association of Spine Specialists PAC</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : 1075-1249-c</b>
Mailing Address 7075 Veterans Boulevard		Amount of Each Receipt this Period 1000
City Burr Ridge	State IL	Zip Code 60527
FEC ID number of contributing federal political committee. C C00349225		Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

Full Name (Last, First, Middle Initial) <b>C. American Association of Nurse Practitioners PAC</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2015 <b>Transaction ID : 754-1252-c</b>
Mailing Address PO Box 12846		Amount of Each Receipt this Period 1500
City Austin	State TX	Zip Code 78711-2846
FEC ID number of contributing federal political committee. C C00358903		Amount of Each Receipt this Period 1500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)  
**A. American College of Radiology Political Action Committee**

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : 404-1256-c**

Amount of Each Receipt this Period  
 2500

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

Mailing Address 2400 N Street NW

City Washington State DC Zip Code 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 ▼ 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : 443-1259-c**

Amount of Each Receipt this Period  
 5000

Full Name (Last, First, Middle Initial)  
**C. ENT PAC American Academy of Otolaryngology Head & Neck Surgery, Inc.**

Mailing Address 1650 Diagonal Road

City Alexandria State VA Zip Code 22314-2857

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : 464-1260-c**

Amount of Each Receipt this Period  
 5000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 15  
(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**

Full Name (Last, First, Middle Initial)  
**A. American Association of Neurosurgeons PAC (Neurosurgery PAC)**

Mailing Address 5550 Meadowbrook Court

City Rolling Meadows State IL Zip Code 60008

FEC ID number of contributing federal political committee. **C C00413955**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3500**

Date of Receipt **06 / 29 / 2015**  
**Transaction ID : 648-1262-c**

Amount of Each Receipt this Period **3500**

Full Name (Last, First, Middle Initial)  
**B. eyePAC - PAC for American Society of Cataract & Refractive Surgery**

Mailing Address 4000 Legato Road Suite 700

City Fairfax State VA Zip Code 22033-4055

FEC ID number of contributing federal political committee. **C C00171504**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt **06 / 29 / 2015**  
**Transaction ID : 744-1266-c**

Amount of Each Receipt this Period **5000**

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

Mailing Address 1111 14th Street NW Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : 720-1265-c**

Amount of Each Receipt this Period **5000**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>13500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>29500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
SEE MEMO ITEMS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-414-1243-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
PAC Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-414-298-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Bogart Associates, Inc. ( 06/02/15 )

Full Name (Last, First, Middle Initial)

**C. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
PAC Meal Expense

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-441-299-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Bogart Associates, Inc. ( 06/02/15 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
SEE MEMO ITEMS

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-401-1247-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
PAC Compliance Consulting

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-401-301-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Subitemization of Campaign Financial Services ( 06/08/15 )

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
PAC General Office Supplies

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-401-302-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Subitemization of Campaign Financial Services ( 06/08/15 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Sahmel & Associates**

Mailing Address 3033 Fifth Avenue  
Suite 425

City San Diego State CA Zip Code 92103

Purpose of Disbursement  
PAC Treasurer Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-967-303-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Campaign Financial Services ( 06/08/15 )

Full Name (Last, First, Middle Initial)

**B. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
SEE MEMO ITEMS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-414-1250-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Liaison Capitol Hill Hotel**

Mailing Address 415 New Jersey Avenue NW

City Washington State DC Zip Code 20001-2001

Purpose of Disbursement  
PAC Parking Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-514-305-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Bogart Associates, Inc. ( 06/09/15 )

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
PAC Software Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-402-1251-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
VOID Catering from 10/8/14 - Check Lost, Re-Issued 6/24/15

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-441-1257-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
PAC Catering

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-441-1258-e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

**A. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
SEE MEMO ITEMS

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-414-1261-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement  
PAC Fundraising Consulting

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-414-306-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Bogart Associates, Inc. ( 06/29/15 )

Full Name (Last, First, Middle Initial)

**C. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
PAC Meal Expenses

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-441-307-V**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Subitemization of Bogart Associates, Inc. ( 06/29/15 )

**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 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**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee NRCC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Mailing Address 301 1st Street SE

**Transaction ID : SB23-408-1253-e**

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Political Contribution

0	1	1
---	---	---

Category/  
Type

Candidate Name

**National Republican Congressional Committee NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee NRCC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Mailing Address 301 1st Street SE

**Transaction ID : SB23-408-1254-e**

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Political Contribution - Recount Fund

0	1	1
---	---	---

Category/  
Type

Candidate Name

**National Republican Congressional Committee NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee NRCC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Mailing Address 301 1st Street SE

**Transaction ID : SB23-408-1255-e**

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
PAC Political Contribution - Building Fund

0	1	1
---	---	---

Category/  
Type

Candidate Name

**National Republican Congressional Committee NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
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