



Rich Danker <rich@lonestarccommittee.com> on 02/12/2016 04:00:11 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9 submission

Attached is a signed FEC Form 9 from the Lone Star Committee.

Thank you,

Rich Danker
202-320-1800



LONE STAR
COMMITTEE

(512)-710-9821

1108 Lavaca St., #110-146



Austin, TX 78701 fecfrm9 SC-signed.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Lone Star Committee

(b) Address (number and street) check if different than previously reported

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

MM / DD / YYYY
02 / 11 / 2016

through

MM / DD / YYYY
02 / 15 / 2016

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
02 / 15 / 2016

(b) Communication Title "Gold"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Rich Danker

(b) Address (number and street)

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

Lone Star Committee

(e) Occupation

Executive Director

9. Total Donations This Statement

143,500.00

10. Total Disbursements/Obligations This Statement

30,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rich Danker

SIGNATURE

Rich Danker

DATE

02/12/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sean Fieler</p> <p>Mailing Address of Donor 623 5TH AVE FL 27</p> <p>City State Zip NEW YORK NY 10022-6831</p>	<p>Date of Receipt 02 / 02 / 2016</p> <p>Amount 12,000.00</p>
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<p>B. Full Name of Donor Andrew Blackmon</p> <p>Mailing Address of Donor 7479 Fox Chase Dr</p> <p>City State Zip Trinity, North Carolina 27370</p>	<p>Date of Receipt 01 / 29 / 2016</p> <p>Amount 2,500.00</p>
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<p>C. Full Name of Donor Keith White</p> <p>Mailing Address of Donor 7837 Main Hwy</p> <p>City State Zip Saint Martinville LA 70582</p>	<p>Date of Receipt 01 / 11 / 2016</p> <p>Amount 25,000.00</p>
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<p>D. Full Name of Donor Grant Avery</p> <p>Mailing Address of Donor 15543 South Frontage Rd</p> <p>City State Zip Plainfield IL 60544</p>	<p>Date of Receipt 12 / 22 / 2015</p> <p>Amount 1,000.00</p>
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<p>E. Full Name of Donor Industrial Performance Group</p> <p>Mailing Address of Donor PO Box 99</p> <p>City State Zip Thomasville NC 27361</p>	<p>Date of Receipt 12 / 17 / 2015</p> <p>Amount 100,000.00</p>
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<p>SUBTOTAL of Donations This Page (optional)</p>	<p>140,500.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p></p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steven Rosenthal</p> <p>Mailing Address of Donor 3125 Cathedral Ave NW</p> <p>City State Zip Washington DC 20008-3420</p>	<p>Date of Receipt MM / DD / YYYY 12 / 11 / 2015</p> <p>Amount 3,000.00</p>
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<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
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<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
---	--

<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
---	--

<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
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<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3,000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>143,500.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Elliott Curson Advertising		Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016
Mailing Address of Payee 1900 Rittenhouse Square		Amount 30,000.00
City State Zip Code Philadelphia, PA 19103	Communication Date MM / DD / YYYY 02 / 15 / 2016	
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) Radio commercial: "Gold"
Name of Federal Candidate Ted Cruz	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation MM / DD / YYYY
Mailing Address of Payee		Amount
City State Zip Code	Communication Date MM / DD / YYYY	
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s))
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		30,000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		30,000.00

Via E-Mail

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>2/12/2014</i>
<i>DA</i> PREPARER	<i>2/17/2014</i> DATE PREPARED