

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 OF 18

☒ 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Irizarry, Steven, , ,

Mailing Address 900 G Street NW
Suite 301

City
Washington

State
DC

Zip Code
20001-5333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roberti Global LLC

Occupation (for Individual)
Roberti Global LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2018

Transaction ID : A30D35ED771B34CDEA98

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bray, Jeffery, , ,

Mailing Address 3555 Wagon Wheel Way

City
Park City

State
UT

Zip Code
84098-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedQuest Pharmacy

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2018

Transaction ID : A1EE664C01BA445C3B4E

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANI, RAVI, , ,

Mailing Address 1015 Medical Center Boulevard
1700

City
Webster

State
TX

Zip Code
77598

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TDDC

Occupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2018

Transaction ID : AE474A03D5F964DE0A38

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00