

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
JUL 20 5 25 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (include)

C00269779 060498 P 264

BONNIE BREAZEALE
LONE STAR FUND
PO BOX 4219
DALLAS TX 75208

2. FEC IDENTIFICATION NUMBER
C00269779

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/98</u> through <u>6/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 3,446.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,925.52	
(c) Total Receipts (from Line 19)	\$ 53,000.00	\$ 66,050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 55,925.52	\$ 69,496.67
7. Total Disbursements (from Line 30)	\$ 24,012.59	\$ 41,783.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,912.93	\$ 27,712.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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: BONNIE BREAZEALE

Signature of Treasurer: Bonnie Breazale Date: 7/15/98

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/95)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Lone Star Fund		FROM 4/1/98	TO: 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	6500.00	6500.00	11(a)(i)
ii.	Unitemized	0	50.00	11(a)(ii)
iii.	Total (add i and ii) >	6500.00	6550.00	11(a)(iii)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	46,500.00	59,500.00	11(c)
d.	Total Contributions (add a, b and c) >	53,000.00	66,050.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	53,000.00	66,050.00	19
20.	Total Federal Receipts (subtract line 13 from line 19) >	53,000.00	66,050.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)(i)
ii.	Non-Federal Share	0	0	21(a)(ii)
b.	Other Federal Operating Expenditures	0	0	21(b)
c.	Total Operating Expenditures (add a, i, a ii, and b) >	0	771.15	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	23,500.00	40,500.00	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements	512.59	512.59	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,012.59	41,783.74	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	24,012.59	41,783.74	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	53,000.00	66,250.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	53,000.00	66,250.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	771.15	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	771.15	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11c

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 committees.

NAME OF COMMITTEE (in Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Machinists Non-Partisan Political League 9000 Machinist Place Upper Marlboro, MD 20772		4/7/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	5000.00
B. Full Name, Mailing Address and ZIP Code IBEW COPE 1125 15th Street, NW Washington DC 20005		4/21/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	5000.00
C. Full Name, Mailing Address and ZIP Code UNITE Campaign Committee 1710 Broadway New York NY 10019		4/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
D. Full Name, Mailing Address and ZIP Code Responsible Citizens Pol. League 3 Research Place Rockville MD 20850		5/8/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
E. Full Name, Mailing Address and ZIP Code American Resort Deve. Assn PAC 1220 L Street NW Washington, DC 20005		5/15/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
F. Full Name, Mailing Address and ZIP Code Arnold & Porter Partners PAC 555 12th St. NW Washington DC 20004		5/20/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
G. Full Name, Mailing Address and ZIP Code Associated Credit Bureaus PAC 1090 Vermont Avenue, Suite 200 Washington DC 20005		5/20/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code Laborers' Political League 905 16th Street NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5/20/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	2000.00
B. Full Name, Mailing Address and ZIP Code UAW V CAP 8000 E. Jefferson Ave. Detroit MI 48214	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5/20/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	5000.00
C. Full Name, Mailing Address and ZIP Code BANC ONE PAC 100 E. Broad St. Columbus OH 43271	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5/28/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	5000.00
D. Full Name, Mailing Address and ZIP Code AGSHF Civic Action Committee 13333 New Hampshire Ave. NW Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/5/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	2000.00
E. Full Name, Mailing Address and ZIP Code Committee on Politics ED-AFL-CIO 815 16th Street, NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/5/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	5000.00
F. Full Name, Mailing Address and ZIP Code Active Ballot Club UPCW 1775 K Street, NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/5/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	5000.00
G. Full Name, Mailing Address and ZIP Code CWA-COPE PCC 501 3rd St. NW Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/12/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 116

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NAME OF COMMITTEE (In Full)

Lone Star Fund

<p>A. Full Name, Mailing Address and ZIP Code Team Ameritech PAC 1401 H Street NW P. O. Box 27040 Washington DC 20038</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 6/12/98</p>	<p>Amount of Each Receipt this Period 500.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Chase Manhattan Corp. Fund For Good Government 270 Park Avenue New York NY 10017</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 6/12/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Committee On Letter Carriers Pol. Education 100 Indiana Ave. NW Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 6/26/98</p>	<p>Amount of Each Receipt this Period 5000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code AFSA PAC 91918th Street NW Washington DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 6/26/98</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code BankAmerica Corp. PAC P. O. Box 37000 San Francisco CA 94137</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 6/5/98</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

45,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code Robert Dugger 6 Potomac Court Alexandria VA 22314		Name of Employer Tudor Investments	Date (month, day, year) 6/12/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Joel Jankowsky 1333 New Hampshire Ave. NW Washington, DC 20036		Name of Employer AGSHF	Date (month, day, year) 6/5/98	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 2500.00	
C. Full Name, Mailing Address and ZIP Code Julian Rothbaum P. O. Box 2146B Tulsa OK 74121		Name of Employer Francis Oil & Gas	Date (month, day, year) 6/5/98	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation COB	Aggregate Year-to-Date > \$ 2500.00	
D. Full Name, Mailing Address and ZIP Code Wright Andrews Jr. 8008 Algrave St. McLean VA 22102		Name of Employer Butera & Wright	Date (month, day, year) 5/20/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Bill Cable 100 River Drive Annapolis MD 21403		Name of Employer Timmons & Co.	Date (month, day, year) 5/20/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abercrombie For Congress 1537 Kapiolani Blvd. Honolulu HI 96814	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sanford D. Bishop For Congress P. O. Box 909 Columbus GA 31902	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leonard Boswell For Congress Com P. O. Box 823 Indianola IA 50125	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Julia Carson For Congress Com 1 N. Capitol Indianapolis IN 46202	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Etheridge For Congress Route 6 Box 594 Lillington NC 27546	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lane Evans Committee P. O. Box 5263 Rock Island IL 61204	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bart Gordon Committee P. O. Box 2008 Murfreesboro TN 37133	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Maurice Hinchey P. O. Box 4497 Kingston NY 12402	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levin For Congress Committee P. O. Box 1092 Warren MI 48090	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 15
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney P. O. Box 7094 Plainville CT 06062	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
B. Full Name, Mailing Address and ZIP Code Price For Congress Committee P. O. Box 1986 Raleigh NC 27602	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
C. Full Name, Mailing Address and ZIP Code Max Sandlin ReElection Committee P. O. Box 1281 Marshall TX 75670	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
D. Full Name, Mailing Address and ZIP Code Vic Snyder For Congress Comm P. O. Box 250999 Little Rock AR 72225	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
E. Full Name, Mailing Address and ZIP Code Stenholm For Congress P. O. Box 5879 Abline TX 79608	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
F. Full Name, Mailing Address and ZIP Code Jim Turner For Congress Committe P. O. Box 780 Crockett TX 78535	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
G. Full Name, Mailing Address and ZIP Code Sherman For Congress 521031 Ventura Blvd. #308 Woodland Hills CA 91634	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
H. Full Name, Mailing Address and ZIP Code Afflerback For Congress 33 S. 7th St. Crown Towers Allentown PA 18101	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
I. Full Name, Mailing Address and ZIP Code Brian Baird For Congress P. O. Box 5016 Vancouver WA 96668	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berkley For Congress P. O. Box 7397 Las Vegas NV 89125	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Don Bevill 1112 6th Avenue Jasper AL 35501	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
C. Full Name, Mailing Address and ZIP Code Dunn For Congress 6056 Rutland Drive #4 Carmichael CA 95608	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
D. Full Name, Mailing Address and ZIP Code Gorman For Congress P. O. Box 36608 Lowell KY 40233	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	1000.00
E. Full Name, Mailing Address and ZIP Code Janice Hahn For Congress 3415 S. Sepulveda Blvd. #640 Los Angeles CA 90034	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
F. Full Name, Mailing Address and ZIP Code Hoeffel For Congress Committee 24 W. Airy St. Norristown PA 19401	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
G. Full Name, Mailing Address and ZIP Code Inslee For Congress 579 Azelea Ave NE Bainbridge Island WA 98110	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
H. Full Name, Mailing Address and ZIP Code Ken Lucas For Congress 8100 Burlington Pike #334 Florence KY 41042	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
I. Full Name, Mailing Address and ZIP Code McKerthaeen For Congress 4582 Downing Drive Baton Rouge LA 70809	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moore For Congress P. O. Box 14631 Shawnee Mission KS 66285	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Owens For Congress P. O. Box 5915 Scottsdale AZ 85261	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phelps For Congress 209 N. Vine St. Barrisburg IL 62946	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Riecken For Congress 5935 Knight Drive Evansville IN 47715	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shows For Congress Rt #2 Box 228 a-1 Bassfield MS 39321	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Loy Sneary For Congress Comm P. O. Box 187 Bay City TX 77404	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Spottswood For Congress 6903 2nd Ave Kenosha WI 53143	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stallings For Congress P. O. Box 205 Pocatello ID 83204	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rob Tully For Congress 3560 Pennsylvania Ave #10 Dubuque IA 52002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 5 OF 5
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NAME OF COMMITTEE (In Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Turnham For Congress P. O. Box 928 Auburn AL36861	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
Dan Williams For Congress 280 N. 8th St. #140 Boise ID 83702	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
Baron Hill For Congress 300 N. Chestnut Office #7 Jasper AL 35501	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	500.00
New Democratic Network 501 Capitol Ct. NE Washington DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	1000.00
Blue Dog PAC 442 New Jersey Ave SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/98	1000.00
CBC PAC P. O. Box 2884 Washington DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/98	1000.00
Dusty Deschamps For Congress P. O. Box 7555 Missoula MT 59807	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/98	500.00

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23,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Lone Star Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fraioli, Inc. 80 P Street NW #804 Washington DC 20001	FR Expenses	4/21/98	295.96
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	48.12
B. Full Name, Mailing Address and ZIP Code Fraioli Inc. 80 P Street NW #804 Washington DC 20001	Purpose of Disbursement FR Expenses	Date (month, day, year) 6/1/98	Amount of Each Disbursement This Period 68.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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