

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. Legacy Political Fund

ADDRESS (number and street) PO Box 65 Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER C00437376 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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 Steve Taylor

Signature of Treasurer Steve Taylor [Electronically Filed] Date 01 / 28 / 2015

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

Legacy Political Fund

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="2014"/>	<input type="text"/>	<input type="text" value="4713.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11289.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="68074.72"/>
(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="11289.30"/>	<input type="text" value="72788.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8882.93"/>	<input type="text" value="70382.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2406.37"/>	<input type="text" value="2406.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="68073.57"/>	

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

Write or Type Committee Name
Legacy Political Fund

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).....	0.00	10750.00
(ii) Unitemized	0.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	10975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	10975.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	43977.56
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).....	0.00	69.97
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	13052.19
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 Transfers (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))..... ▶	0.00	68074.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	68074.72

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8870.93	56292.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8870.93	56292.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	12.00	14089.38
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	8882.93	70382.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8882.93	70382.25

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)	0.00	10975.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	10975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	8870.93	56292.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	69.97
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	8870.93	56222.90

**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

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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address Reservoir Place
1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement
PAC Email Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.7325

Amount of Each Disbursement this Period

74.62

Full Name (Last, First, Middle Initial)

B. Jamie King

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2014

Transaction ID : SB21B.7312

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Koch & Hoos, LLC

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2014

Transaction ID : SB21B.7310

Amount of Each Disbursement this Period

750.00

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

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

1574.62

**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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Koch & Hoos, LLC

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2014

Transaction ID : SB21B.7311

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. mozy.com

Mailing Address 2211 Elliott Ave Suite 300

City Seattle State WA Zip Code 98121

Purpose of Disbursement
PAC IT Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2014

Transaction ID : SB21B.7309

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

C. mozy.com

Mailing Address 2211 Elliott Ave Suite 300

City Seattle State WA Zip Code 98121

Purpose of Disbursement
PAC IT Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2014

Transaction ID : SB21B.7326

Amount of Each Disbursement this Period

29.99

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

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

809.98

**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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Readytalk

Mailing Address 1598 Wynkoop

City Denver State CO Zip Code 80202

Purpose of Disbursement
PAC Phone Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2014

Transaction ID : SB21B.7324

Amount of Each Disbursement this Period

137.26

Full Name (Last, First, Middle Initial)

B. Steve Taylor

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Reimbursement: PAC Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB21B.7332

Amount of Each Disbursement this Period

2187.08

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SB21B.7332.0

Amount of Each Disbursement this Period

212.10

[MEMO ITEM]

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

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

2324.34

**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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.7332.1

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Alaska Airlines

Mailing Address 19300 International Blvd.

City Seattle State WA Zip Code 98188

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.7332.2

Amount of Each Disbursement this Period

238.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Sheraton Anchorage Hotel and Spa

Mailing Address 401 E 6th Ave

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.7332.3

Amount of Each Disbursement this Period

767.20

[MEMO ITEM]

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

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

0.00

**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 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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Sheraton Anchorage Hotel and Spa

Mailing Address 401 E 6th Ave

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB21B.7332.4

Amount of Each Disbursement this Period

74.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ginger

Mailing Address 425 W 5th Avenue

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2014

Transaction ID : SB21B.7332.5

Amount of Each Disbursement this Period

284.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hertz - Anchorage

Mailing Address 4555 International Airport Rd

City Anchorage State AK Zip Code 99502

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.7332.8

Amount of Each Disbursement this Period

295.28

[MEMO ITEM]

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

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

0.00

**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 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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Steve Taylor

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Reimbursement: PAC Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2014			

Transaction ID : SB21B.7351

Amount of Each Disbursement this Period

2571.45

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2014			

Transaction ID : SB21B.7351.0

Amount of Each Disbursement this Period

324.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

Transaction ID : SB21B.7351.1

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

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

2571.45

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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. The Ritz Carlton Hotel

Mailing Address 881 Curtis Street

City State Zip Code
Denver CO 80202

Purpose of Disbursement
PAC Food & Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	4		

Transaction ID : SB21B.7351.3

Amount of Each Disbursement this Period

2	1	9	3	.	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Steve Taylor

Mailing Address 515 Santa Paula Dr

City State Zip Code
Salinas CA 93901

Purpose of Disbursement
Reimbursement: PAC Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5			2	0	1	4		

Transaction ID : SB21B.7358

Amount of Each Disbursement this Period

1	2	3	4	.	2	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address PO Box 36647-1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	4		

Transaction ID : SB21B.7358.0

Amount of Each Disbursement this Period

6	9	.	0	0
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[MEMO ITEM]

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

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

1	2	3	4	.	2	2
---	---	---	---	---	---	---

1	2	3	4	.	2	2
---	---	---	---	---	---	---

**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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SB21B.7358.2

Amount of Each Disbursement this Period

205.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Super 8 Omaha

Mailing Address 11610 West Dodge Road

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SB21B.7358.3

Amount of Each Disbursement this Period

326.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hertz - Omaha

Mailing Address 4501 Abbott Dr NE

City Omaha State NE Zip Code 68110

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB21B.7358.4

Amount of Each Disbursement this Period

239.73

[MEMO ITEM]

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

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

0.00

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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

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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Steve Taylor

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Reimbursement: PAC Travel Expense

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	4

Transaction ID : SB21B.7371

Amount of Each Disbursement this Period

3	3	4	.	6	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SB21B.7371.0

Amount of Each Disbursement this Period

3	1	2	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

3	3	4	.	6	8
---	---	---	---	---	---

8	8	4	9	.	2	9
---	---	---	---	---	---	---

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

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)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 330 N Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Non-Contribution Acct: Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SB29.7330

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

12.00

12.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./AV Support
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period <input type="text" value="3426.14"/>	Transaction ID : SD10.6845	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3426.14"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./AV Support
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.6846	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./AV Support
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.6847	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="13426.14"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Non-Contribution Acct: PAC Event Deposit
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 11950.00	Transaction ID : SD10.6860	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./AV Support
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 10230.07	Transaction ID : SD10.6848	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10230.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 2733.25	Transaction ID : SD10.6852	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2733.25

1) SUBTOTALS This Period This Page (optional)..... ▶	24913.32
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 992.77	Transaction ID : SD10.6856	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 992.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 635.31	Transaction ID : SD10.6858	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 635.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 553.83	Transaction ID : SD10.6859	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 553.83

1) SUBTOTALS This Period This Page (optional)..... ▶	2181.91
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 612.07	Transaction ID : SD10.6861	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 612.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./Travel
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 23736.55	Transaction ID : SD10.7213	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23736.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 334.68	Transaction ID : SD10.7214	
Amount Incurred This Period 0.00	Payment This Period 334.68	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	24348.62
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 1234.22	Transaction ID : SD10.7215	
Amount Incurred This Period 0.00	Payment This Period 1234.22	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel/Food & Beverage Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 2571.45	Transaction ID : SD10.7217	
Amount Incurred This Period 0.00	Payment This Period 2571.45	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period 1142.68	Transaction ID : SD10.7218	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1142.68

1) SUBTOTALS This Period This Page (optional)..... ▶	1142.68
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period <input type="text" value="2060.90"/>	Transaction ID : SD10.7219	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2060.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Taylor	Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address 515 Santa Paula Dr	
City State Zip Code Salinas CA 93901	

Outstanding Balance Beginning This Period <input type="text" value="2187.08"/>	Transaction ID : SD10.7307	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2187.08"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2060.90"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="68073.57"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="68073.57"/>