

**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.

12FE4M5

The Legacy Committee Political Action Committee

ADDRESS (number and street)

30011 Ivy Glenn Drive, Ste 223

☐ Check if different than previously reported. (ACC)

Laguna Niguel

CA

92677

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00429084

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 James Lacy

Signature of Treasurer

James Lacy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Legacy Committee Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2008 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2008</span>		<span style="border: 1px solid black; padding: 2px;">19507.91</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">19507.91</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">144949.62</span>	<span style="border: 1px solid black; padding: 2px;">144949.62</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">164457.53</span>	<span style="border: 1px solid black; padding: 2px;">164457.53</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">144296.44</span>	<span style="border: 1px solid black; padding: 2px;">144296.44</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">20161.09</span>	<span style="border: 1px solid black; padding: 2px;">20161.09</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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

The Legacy Committee Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

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).....	35056.00	35056.00
(ii) Unitemized .....	109893.62	109893.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	144949.62	144949.62
(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) .....	144949.62	144949.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
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	0.00
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))..... ►	144949.62	144949.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	144949.62	144949.62

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	47767.14	47767.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	47767.14	47767.14
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) .....	90529.30	90529.30
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 .....	6000.00	6000.00
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)) ..	144296.44	144296.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	144296.44	144296.44

**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) .....	144949.62	144949.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	144949.62	144949.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	47767.14	47767.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	47767.14	47767.14

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

To include additional disbursements

Form/Schedule:  
Transaction ID:

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City  
HANOVER

State Zip Code  
PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 02 / 2008

Transaction ID : INCA1314

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City  
HANOVER

State Zip Code  
PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 02 / 2008

Transaction ID : INCA1315

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR FRED W KERR**

Mailing Address 5310 HIGHWAY 65

City  
CHILLICOTHE

State Zip Code  
MO 64601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K FARMS, INC

Occupation

SELF-EMPLOYED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 02 / 2008

Transaction ID : INCA1312

Amount of Each Receipt this Period

200.00

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

270.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS HAZEL T LILICROP**

Mailing Address 311 W NOTTINGHAM PL APT G29

City State Zip Code  
 SAN ANTONIO TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2008

Transaction ID : INCA1472

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
 MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

01 / 02 / 2008

Transaction ID : INCA1405

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MISS MARION L CUBBERLEY**

Mailing Address 4302 MONROE VLG

City State Zip Code  
 MONROE TOWNSHIP NJ 8831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXXON

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 03 / 2008

Transaction ID : INCA1514

Amount of Each Receipt this Period

300.00

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

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

400.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City  
LAFAYETTE

State Zip Code  
LA 70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 03 / 2008

**Transaction ID : INCA1386**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR HENRY M KIDDER**

Mailing Address 216 FOSTER DR

City  
NORMAL

State Zip Code  
IL 61761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 03 / 2008

**Transaction ID : INCA1456**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR GEORGE F BARTOSZEK**

Mailing Address 6335 N CICERO AVE # A

City  
CHICAGO

State Zip Code  
IL 60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

IND ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 04 / 2008

**Transaction ID : INCA1336**

Amount of Each Receipt this Period

300.00

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

01 / 04 / 2008

**Transaction ID : INCA1486**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS MARGARET P SCOTT**

Mailing Address 1675 DENVER AVE

City

CLAREMONT

State

CA

Zip Code

91711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 04 / 2008

**Transaction ID : INCA1537**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

01 / 04 / 2008

**Transaction ID : INCA1507**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

01 / 04 / 2008

Transaction ID : INCA1440

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS BETTY J ALSON**

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY/FORT RICHARDSON, AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 07 / 2008

Transaction ID : INCA1433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS JANET W HADDEN**

Mailing Address 5406 MAGNOLIA ST

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 07 / 2008

Transaction ID : INCA1450

Amount of Each Receipt this Period

150.00

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

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

685.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS DAVIETTE HILL STANSBURY**

Mailing Address 18104 BEROL DR

City State Zip Code  
PFLUGERVILLE TX 78660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

STOCK ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2008

**Transaction ID : INCA1567**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MR EDWIN L JONES JR**

Mailing Address 7035 MARCHING DUCK DR  
VILLA E 406

City State Zip Code  
CHARLOTTE NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2008

**Transaction ID : INCA1356**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MRS RALPH S VIA**

Mailing Address 4207 CRAVENS CREEK RD SW

City State Zip Code  
ROANOKE VA 24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

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  
01 / 07 / 2008

**Transaction ID : INCA1331**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR JOHN J HARTFORD MD**

Mailing Address 3644 TERRA GRANADA DR  
#2A

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

01 / 08 / 2008

**Transaction ID : INCA1299**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR AUBREY J BOURGEOIS**

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code  
PENSACOLA FL 32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 09 / 2008

**Transaction ID : INCA1541**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS ZOE DELL NUTTER**

Mailing Address 986 TREBEIN RD

City State Zip Code  
XENIA OH 45385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

01 / 10 / 2008

**Transaction ID : INCA1362**

Amount of Each Receipt this Period

220.00

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

370.00

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM P SMALLWOOD JR**

Mailing Address PO BOX 9066540

City  
SAN JUAN

State  
PR

Zip Code  
906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMALLWOOD BROTHERS, INC.

Occupation

SELF-EMPLOYED INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2008

Transaction ID : INCA1520

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City  
MORTON

State  
IL

Zip Code  
61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2008

Transaction ID : INCA1406

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City  
HANOVER

State  
PA

Zip Code  
17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 11 / 2008

Transaction ID : INCA1316

Amount of Each Receipt this Period

50.00

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

400.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

01 / 11 / 2008

Transaction ID : INCA1441

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS ANNIE D WILSON**

Mailing Address 254 NORMAN DR

City

CRANBERRY TWP

State

PA

Zip Code

16066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 14 / 2008

Transaction ID : INCA1360

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR HENLEY P WOODS SR**

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PFIZER, INC.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

01 / 14 / 2008

Transaction ID : INCA1500

Amount of Each Receipt this Period

100.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2008

Transaction ID : INCA1421

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MISS ADELAIDE M LEFEBVRE**

Mailing Address 2844 STONEBROOK DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2008

Transaction ID : INCA1342

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MS MARIE J PAPILLON**

Mailing Address 16426 NE 31ST AVE

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2008

Transaction ID : INCA1434

Amount of Each Receipt this Period

200.00

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

385.00

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



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS MARGARET P SCOTT**

Mailing Address 1675 DENVER AVE

City  
CLAREMONT

State Zip Code  
CA 91711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2008

Transaction ID : INCA1538

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City  
LAKEWOOD

State Zip Code  
CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 15 / 2008

Transaction ID : INCA1526

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR HENRY L WELLS**

Mailing Address 6018 MADRA AVE

City  
SAN DIEGO

State Zip Code  
CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAN DIEGO TRUCK CENTER

Occupation

RETIRED MECHANIC/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2008

Transaction ID : INCA1359

Amount of Each Receipt this Period

300.00

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

435.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS FUMIE BOYCE**

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code  
 LACEY WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

01 / 18 / 2008

**Transaction ID : INCA1429**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City State Zip Code  
 LAFAYETTE LA 70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

01 / 21 / 2008

**Transaction ID : INCA1387**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MR SIDNEY L GROFF**

Mailing Address 3106 FLORAL BLVD

City State Zip Code  
 BUTTE MT 59701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2008

**Transaction ID : INCA1309**

Amount of Each Receipt this Period

200.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS MILDRED B LONG**

Mailing Address 8467 GERMANTOWN RD

City State Zip Code  
 OLIVE BRANCH MS 38654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 J. STRICKLAND & CO.

Occupation  
 OFFICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2008

**Transaction ID : INCA1417**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MS CLARA S SHINN**

Mailing Address 19 DRAKE LN

City State Zip Code  
 SCARBOROUGH ME 4074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2008

**Transaction ID : INCA1462**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. COL THURMAN SPIVA**

Mailing Address 8520 HANS ENGEL WAY

City State Zip Code  
 FAIR OAKS CA 95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2008

**Transaction ID : INCA1363**

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR ALBERT J STEFAN**

Mailing Address 10472 BROADVIEW PL

City  
SANTA ANA

State Zip Code  
CA 92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 21 / 2008

Transaction ID : INCA1436

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City  
HENDERSON

State Zip Code  
NV 89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

01 / 21 / 2008

Transaction ID : INCA1442

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS JEAN M AVERY**

Mailing Address 257 ARLINGTON RD APT 104

City  
REDWOOD CITY

State Zip Code  
CA 94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 23 / 2008

Transaction ID : INCA1570

Amount of Each Receipt this Period

200.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS FUMIE BOYCE**

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code  
 LACEY WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2008

**Transaction ID : INCA1430**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. MRS CLARICE T COLLINS**

Mailing Address 2002 S GEORGIA AVE  
 PO BOX 1705

City State Zip Code  
 MASON CITY IA 50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

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  
 01 / 23 / 2008

**Transaction ID : INCA1375**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City State Zip Code  
 HANOVER PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2008

**Transaction ID : INCA1317**

Amount of Each Receipt this Period

20.00

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

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

620.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MRS MYRTLE HARVEY**

Mailing Address 1105 MORRISON AVE APT 5K

City State Zip Code  
 BRONX NY 10472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 23 2008

Transaction ID : INCA1327

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MS WILHELMINE E LONG**

Mailing Address 1817 W NORWOOD ST

City State Zip Code  
 CHICAGO IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
 01 23 2008

Transaction ID : INCA1452

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City State Zip Code  
 CEDAR FALLS IA 50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 23 2008

Transaction ID : INCA1487

Amount of Each Receipt this Period

50.00

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City  
MONTEREY

State Zip Code  
CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE CO.

Occupation  
SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2008

**Transaction ID : INCA1574**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City  
SAN DIEGO

State Zip Code  
CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2008

**Transaction ID : INCA1422**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MARGARET P SCOTT**

Mailing Address 1675 DENVER AVE

City  
CLAREMONT

State Zip Code  
CA 91711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2008

**Transaction ID : INCA1539**

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS ALICE K HAYES**

Mailing Address 4014 QUAIL RIDGE DR N APT A

City State Zip Code  
 BOYNTON BEACH FL 33436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2008

**Transaction ID : INCA1470**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. MRS DAVIETTE HILL STANSBURY**

Mailing Address 18104 BEROL DR

City State Zip Code  
 PFLUGERVILLE TX 78660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

STOCK ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2008

**Transaction ID : INCA1568**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MS KATHLYN C DUNAGAN**

Mailing Address 1107 S DWIGHT ST

City State Zip Code  
 MONAHANS TX 79756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2008

**Transaction ID : INCA1427**

Amount of Each Receipt this Period

500.00

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

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

1600.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR DELMAR HESTER**

Mailing Address 2100 MILLS CART RD

City  
SALEM

State Zip Code  
IL 62881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2008

**Transaction ID : INCA1533**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR FRED W KERR**

Mailing Address 5310 HIGHWAY 65

City

CHILLICOTHE

State Zip Code  
MO 64601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K FARMS, INC

Occupation

SELF-EMPLOYED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2008

**Transaction ID : INCA1313**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MS CHARLOTTE MCCAIN**

Mailing Address 7612 KINGS DR  
COLONY COVE

City

ELLENTON

State Zip Code  
FL 34222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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  
01 / 28 / 2008

**Transaction ID : INCA1484**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City State Zip Code  
WINSTON SALEM NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 28 2008

Transaction ID : INCA1508

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MS CORINNE SPENCE**

Mailing Address 1165 INVESTMENT BLVD

City State Zip Code  
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

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  
01 28 2008

Transaction ID : INCA1559

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS RALPH S VIA**

Mailing Address 4207 CRAVENS CREEK RD SW

City State Zip Code  
ROANOKE VA 24018

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

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  
01 28 2008

Transaction ID : INCA1332

Amount of Each Receipt this Period

50.00

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

570.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2008

**Transaction ID : INCA1407**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS FUMIE BOYCE**

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code  
LACEY WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2008

**Transaction ID : INCA1431**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City State Zip Code  
HANOVER PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2008

**Transaction ID : INCA1318**

Amount of Each Receipt this Period

50.00

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

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

3100.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR JOHN J HARTFORD MD**

Mailing Address 3644 TERRA GRANADA DR  
#2A

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2008

**Transaction ID : INCA1300**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR PERRY R SWANSON**

Mailing Address 1700 GRANDVIEW AVE APT 403

City State Zip Code  
PITTSBURGH PA 15211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2008

**Transaction ID : INCA1580**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MS MARILYN J ALLEN**

Mailing Address 260 CHAPARRAL LN

City State Zip Code  
NIPOMO CA 93444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2008

**Transaction ID : INCA1466**

Amount of Each Receipt this Period

200.00

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

450.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS JANET W HADDEN**

Mailing Address 5406 MAGNOLIA ST

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2008

**Transaction ID : INCA1451**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2008

**Transaction ID : INCA1408**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2008

**Transaction ID : INCA1388**

Amount of Each Receipt this Period

100.00

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

275.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2008

**Transaction ID : INCA1488**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ELBERT C SMITH**

Mailing Address PO BOX 856

City

RENTON

State

WA

Zip Code

98057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2008

**Transaction ID : INCA1505**

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**C. MR ALBERT J STEFAN**

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2008

**Transaction ID : INCA1437**

Amount of Each Receipt this Period

50.00

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

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

330.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR WILSON E VANDERBURG**

Mailing Address 4700 SW HOLLYHOCK CIR

City State Zip Code  
 CORVALLIS OR 97333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
 01 / 31 / 2008

**Transaction ID : INCA1402**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS MADELEINE ZWEIBEL**

Mailing Address 122 PALMERS HILL RD UNIT 3323

City State Zip Code  
 STAMFORD CT 6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2008

**Transaction ID : INCA1463**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. COL THURMAN SPIVA**

Mailing Address 8520 HANS ENGEL WAY

City State Zip Code  
 FAIR OAKS CA 95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2008

**Transaction ID : INCA1364**

Amount of Each Receipt this Period

500.00

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

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

655.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR OMER E BOWLUS**

Mailing Address 3250 WALTON BLVD APT 203

City State Zip Code  
 ROCHESTER MI 48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1476**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR PAUL DE CLEVA**

Mailing Address 350 N SAINT PAUL ST STE 1625

City State Zip Code  
 DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1372**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City State Zip Code  
 LAFAYETTE LA 70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1389**

Amount of Each Receipt this Period

100.00

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

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

250.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR SIDNEY L GROFF**

Mailing Address 3106 FLORAL BLVD

City State Zip Code  
 BUTTE MT 59701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1310**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR PAUL K HENNEY**

Mailing Address 2631 LEISURE WORLD

City State Zip Code  
 MESA AZ 85206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1368**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS FAYE A HUNT**

Mailing Address 7065 W 130TH ST APT 121E

City State Zip Code  
 CLEVELAND OH 44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 05 2008

**Transaction ID : INCA1545**

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MISS ADELAIDE M LEFEBVRE**

Mailing Address 2844 STONEBROOK DR

City State Zip Code  
 MEDFORD OR 97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2008

**Transaction ID : INCA1343**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS HAZEL T LILLICROP**

Mailing Address 311 W NOTTINGHAM PL APT G29

City State Zip Code  
 SAN ANTONIO TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
 02 / 05 / 2008

**Transaction ID : INCA1473**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT S MAC ALISTER**

Mailing Address 78 LOPACO CT

City State Zip Code  
 CAMARILLO CA 93010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2008

**Transaction ID : INCA1345**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2008

**Transaction ID : INCA1527**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2008

**Transaction ID : INCA1443**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS DONNA P WOOLLEY**

Mailing Address PO BOX 43

City

DRAIN

State

OR

Zip Code

97435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAGLE'S VIEW MANAGEMENT CO.

Occupation

EXECUTIVE

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  
02 / 05 / 2008

**Transaction ID : INCA1326**

Amount of Each Receipt this Period

250.00

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

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

385.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS RAMONA RIGGS**

Mailing Address PO BOX 711

City State Zip Code  
 FARMINGTON NM 87499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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  
 02 / 06 / 2008

**Transaction ID : INCA1583**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City State Zip Code  
 PORT LUDLOW WA 98365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2008

**Transaction ID : INCA1380**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code  
 NAPERVILLE IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2008

**Transaction ID : INCA1494**

Amount of Each Receipt this Period

25.00

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

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

475.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 37 OF 110  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City State Zip Code  
 SAN DIEGO CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 07 2008

**Transaction ID : INCA1423**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ELBERT C SMITH**

Mailing Address PO BOX 856

City State Zip Code  
 RENTON WA 98057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 07 2008

**Transaction ID : INCA1506**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS ANNIE D WILSON**

Mailing Address 254 NORMAN DR

City State Zip Code  
 CRANBERRY TWP PA 16066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 07 2008

**Transaction ID : INCA1361**

Amount of Each Receipt this Period

100.00

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

250.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2008

**Transaction ID : INCA1409**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2008

**Transaction ID : INCA1444**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS LULA JANE CREDLE**

Mailing Address 322 NC HIGHWAY 34 N

City State Zip Code  
CAMDEN NC 27921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2008

**Transaction ID : INCA1354**

Amount of Each Receipt this Period

50.00

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MRS THERESA FIORENTINO**

Mailing Address 1515 HILL DR

City State Zip Code  
 LOS ANGELES CA 90041

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2008

Transaction ID : INCA1398

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR HARRY E KNOX JR**

Mailing Address 101 N WOODGREEN WAY

City State Zip Code  
 GREENVILLE SC 29615

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2008

Transaction ID : INCA1339

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS HELEN M MEYERS**

Mailing Address PO BOX 1167

City State Zip Code  
 MURPHYS CA 95247

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

SECRETARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2008

Transaction ID : INCA1324

Amount of Each Receipt this Period

200.00

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

550.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. COL THURMAN SPIVA**

Mailing Address 8520 HANS ENGEL WAY

City	State	Zip Code
FAIR OAKS	CA	95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2008

Transaction ID : INCA1365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City	State	Zip Code
MONTEREY	CA	93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE INSURANCE CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2008

Transaction ID : INCA1576

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City	State	Zip Code
MONTEREY	CA	93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE INSURANCE CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2008

Transaction ID : INCA1575

Amount of Each Receipt this Period

200.00

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

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

900.00



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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR HENLEY P WOODS SR**

Mailing Address PO BOX 80939

City State Zip Code  
 SIMPSONVILLE SC 29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PFIZER, INC.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 11 2008

Transaction ID : INCA1502

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR HENRY M KIDDER**

Mailing Address 216 FOSTER DR

City State Zip Code  
 NORMAL IL 61761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 12 2008

Transaction ID : INCA1457

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR GEORGE M NEALL II**

Mailing Address 5452 TATES BANK RD

City State Zip Code  
 CAMBRIDGE MD 21613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 14 2008

Transaction ID : INCA1459

Amount of Each Receipt this Period

100.00

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

450.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS FUMIE BOYCE**

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code  
 LACEY WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2008

**Transaction ID : INCA1432**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS ELLEN C ROUTSON**

Mailing Address 1401 HERMITS WAY

City State Zip Code  
 THE DALLES OR 97058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

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  
 02 / 19 / 2008

**Transaction ID : INCA1341**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City State Zip Code  
 LAKEWOOD CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2008

**Transaction ID : INCA1528**

Amount of Each Receipt this Period

35.00

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

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

585.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR PAUL DE CLEVA**

Mailing Address 350 N SAINT PAUL ST STE 1625

City State Zip Code  
DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2008

**Transaction ID : INCA1373**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code  
NAPERVILLE IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2008

**Transaction ID : INCA1495**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS LESLEY LINSTEADER**

Mailing Address 23871 WILLOWS DR APT 135

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED/HOMEMAKER

Occupation

RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2008

**Transaction ID : INCA1480**

Amount of Each Receipt this Period

300.00

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS MADELEINE ZWEIBEL**

Mailing Address 122 PALMERS HILL RD UNIT 3323

City State Zip Code  
 STAMFORD CT 6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2008

**Transaction ID : INCA1464**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MRS CLARICE T COLLINS**

Mailing Address 2002 S GEORGIA AVE  
 PO BOX 1705

City State Zip Code  
 MASON CITY IA 50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

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  
 02 / 27 / 2008

**Transaction ID : INCA1376**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MRS THERESA FIORENTINO**

Mailing Address 1515 HILL DR

City State Zip Code  
 LOS ANGELES CA 90041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2008

**Transaction ID : INCA1399**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City  
HANOVER

State Zip Code  
PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2008

**Transaction ID : INCA1319**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS WILHELMINE E LONG**

Mailing Address 1817 W NORWOOD ST

City  
CHICAGO

State Zip Code  
IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2008

**Transaction ID : INCA1453**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City  
HENDERSON

State Zip Code  
NV 89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2008

**Transaction ID : INCA1445**

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS RALPH S VIA**

Mailing Address 4207 CRAVENS CREEK RD SW

City State Zip Code  
 ROANOKE VA 24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 27 / 2008

**Transaction ID : INCA1333**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City State Zip Code  
 PORT LUDLOW WA 98365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2008

**Transaction ID : INCA1381**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
 MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2008

**Transaction ID : INCA1410**

Amount of Each Receipt this Period

25.00

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR AUBREY J BOURGEOIS**

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code  
 PENSACOLA FL 32514

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2008

Transaction ID : INCA1542

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. DR JOHN J HARTFORD MD**Mailing Address 3644 TERRA GRANADA DR  
#2A

City State Zip Code  
 WALNUT CREEK CA 94595

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

RETIRED M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2008

Transaction ID : INCA1301

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City State Zip Code  
 WINSTON SALEM NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2008

Transaction ID : INCA1509

Amount of Each Receipt this Period

100.00

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

235.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City  
LAFAYETTE

State Zip Code  
LA 70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2008

**Transaction ID : INCA1390**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MISS MARIAN L PATTERSON**

Mailing Address 5001 W FLORIDA AVE SPC 264

City  
HEMET

State Zip Code  
CA 92545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2008

**Transaction ID : INCA1348**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS KATHLYN C DUNAGAN**

Mailing Address 1107 S DWIGHT ST

City  
MONAHANS

State Zip Code  
TX 79756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2008

**Transaction ID : INCA1428**

Amount of Each Receipt this Period

500.00

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

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

700.00



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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City State Zip Code  
 PORT LUDLOW WA 98365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 07 / 2008

**Transaction ID : INCA1382**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MRS VIRGINIA H BARNES**

Mailing Address 101 COUNTRY COVE DR

City State Zip Code  
 CLINTON MS 39056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. TREASURY/ATF JACKSON DISTRICT

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 10 / 2008

**Transaction ID : INCA1521**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City State Zip Code  
 HANOVER PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 10 / 2008

**Transaction ID : INCA1320**

Amount of Each Receipt this Period

50.00

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

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

325.00

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR SIDNEY L GROFF**

Mailing Address 3106 FLORAL BLVD

City	State	Zip Code
BUTTE	MT	59701

FEC ID number of contributing federal political committee.

C

Name of Employer

USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2008

Transaction ID : INCA1311

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS ANNE M HARPER**

Mailing Address 85 SCOTTSDALE DR

City	State	Zip Code
TROY	MI	48084

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2008

Transaction ID : INCA1393

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. DR JOHN J HARTFORD MD**Mailing Address 3644 TERRA GRANADA DR  
#2A

City	State	Zip Code
WALNUT CREEK	CA	94595

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2008

Transaction ID : INCA1302

Amount of Each Receipt this Period

100.00

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR DELMAR HESTER**

Mailing Address 2100 MILLS CART RD

City  
SALEM

State Zip Code  
IL 62881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID : INCA1534**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MS WILHELMINE E LONG**

Mailing Address 1817 W NORWOOD ST

City  
CHICAGO

State Zip Code  
IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID : INCA1454**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR RICHARD E MEEKER**

Mailing Address 605 NE 70TH ST

City  
GLADSTONE

State Zip Code  
MO 64118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID : INCA1404**

Amount of Each Receipt this Period

500.00

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MISS MARIAN L PATTERSON**

Mailing Address 5001 W FLORIDA AVE SPC 264

City State Zip Code  
HEMET CA 92545

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2008

Transaction ID : INCA1349

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MS MARILYN J ALLEN**

Mailing Address 260 CHAPARRAL LN

City State Zip Code  
NIPOMO CA 93444

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2008

Transaction ID : INCA1467

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR AUBREY J BOURGEOIS**

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code  
PENSACOLA FL 32514

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2008

Transaction ID : INCA1543

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR OMER E BOWLUS**

Mailing Address 3250 WALTON BLVD APT 203

City State Zip Code  
 ROCHESTER MI 48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 11 2008

**Transaction ID : INCA1477**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MRS HAZEL T LILLICROP**

Mailing Address 311 W NOTTINGHAM PL APT G29

City State Zip Code  
 SAN ANTONIO TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
 03 11 2008

**Transaction ID : INCA1474**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MRS LESLEY LINSTEADER**

Mailing Address 23871 WILLOWS DR APT 135

City State Zip Code  
 LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED/HOMEMAKER

Occupation

RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 11 2008

**Transaction ID : INCA1481**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS MILDRED B LONG**

Mailing Address 8467 GERMANTOWN RD

City State Zip Code  
 OLIVE BRANCH MS 38654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 J. STRICKLAND & CO.

Occupation  
 OFFICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 11 2008

**Transaction ID : INCA1418**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City State Zip Code  
 CEDAR FALLS IA 50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 11 2008

**Transaction ID : INCA1489**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MRS VIRGINIA H BARNES**

Mailing Address 101 COUNTRY COVE DR

City State Zip Code  
 CLINTON MS 39056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 U.S. TREASURY/ATF JACKSON DISTRICT

Occupation  
 RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 12 2008

**Transaction ID : INCA1522**

Amount of Each Receipt this Period

350.00

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City State Zip Code  
 LAKEWOOD CO 80215

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 12 2008

Transaction ID : INCA1529

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
 MORTON IL 61550

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 12 2008

Transaction ID : INCA1411

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR HARRY E KNOX JR**

Mailing Address 101 N WOODGREEN WAY

City State Zip Code  
 GREENVILLE SC 29615

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 13 2008

Transaction ID : INCA1340

Amount of Each Receipt this Period

200.00

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

275.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City  
MONTEREY

State Zip Code  
CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE CO.

Occupation  
SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2008

**Transaction ID : INCA1577**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City  
MORTON

State Zip Code  
IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2008

**Transaction ID : INCA1412**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS DAVIETTE HILL STANSBURY**

Mailing Address 18104 BEROL DR

City  
PFLUGERVILLE

State Zip Code  
TX 78660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
STOCK ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID : INCA1569**

Amount of Each Receipt this Period

110.00

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

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

210.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR HENRY M KIDDER**

Mailing Address 216 FOSTER DR

City  
NORMAL

State Zip Code  
IL 61761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2008

Transaction ID : INCA1458

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS CHARLOTTE MCCAIN**

Mailing Address 7612 KINGS DR  
COLONY COVE

City  
ELLENTON

State Zip Code  
FL 34222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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  
03 / 14 / 2008

Transaction ID : INCA1485

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City  
PORT LUDLOW

State Zip Code  
WA 98365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2008

Transaction ID : INCA1383

Amount of Each Receipt this Period

50.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City  
NAPERVILLE

State Zip Code  
IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 17 / 2008

Transaction ID : INCA1496

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City  
SAN DIEGO

State Zip Code  
CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

03 / 17 / 2008

Transaction ID : INCA1424

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MISS ADELAIDE M LEFEBVRE**

Mailing Address 2844 STONEBROOK DR

City  
MEDFORD

State Zip Code  
OR 97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

03 / 17 / 2008

Transaction ID : INCA1344

Amount of Each Receipt this Period

5.00

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

80.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT S MAC ALISTER**

Mailing Address 78 LOPACO CT

City State Zip Code  
 CAMARILLO CA 93010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 17 2008

**Transaction ID : INCA1346**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City State Zip Code  
 CEDAR FALLS IA 50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 17 2008

**Transaction ID : INCA1490**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City State Zip Code  
 LAKEWOOD CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 17 2008

**Transaction ID : INCA1531**

Amount of Each Receipt this Period

35.00

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

235.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City State Zip Code  
 LAKEWOOD CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 17 2008

**Transaction ID : INCA1530**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City State Zip Code  
 HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 17 2008

**Transaction ID : INCA1446**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MS MARILYN J ALLEN**

Mailing Address 260 CHAPARRAL LN

City State Zip Code  
 NIPOMO CA 93444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 18 2008

**Transaction ID : INCA1468**

Amount of Each Receipt this Period

25.00

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

210.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS LULA JANE CREDLE**

Mailing Address 322 NC HIGHWAY 34 N

City  
CAMDEN

State Zip Code  
NC 27921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2008

Transaction ID : INCA1355

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS WILHELMINE E LONG**

Mailing Address 1817 W NORWOOD ST

City  
CHICAGO

State Zip Code  
IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2008

Transaction ID : INCA1455

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR HARRY W SHADE**

Mailing Address 11701 W 21ST PL

City  
LAKEWOOD

State Zip Code  
CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2008

Transaction ID : INCA1532

Amount of Each Receipt this Period

50.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR ADELBERT I SLOCUM

Mailing Address 14314 SE WEBSTER RD APT D2

City State Zip Code  
 MILWAUKIE OR 97267

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 18 2008

Transaction ID : INCA1330

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. MR ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City State Zip Code  
 SANTA ANA CA 92705

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 18 2008

Transaction ID : INCA1438

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR WILSON E VANDERBURG

Mailing Address 4700 SW HOLLYHOCK CIR

City State Zip Code  
 CORVALLIS OR 97333

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 18 2008

Transaction ID : INCA1403

Amount of Each Receipt this Period

150.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR HENLEY P WOODS SR**

Mailing Address PO BOX 80939

City State Zip Code  
 SIMPSONVILLE SC 29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PFIZER, INC.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 18 / 2008

**Transaction ID : INCA1503**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City State Zip Code  
 HANOVER PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 19 / 2008

**Transaction ID : INCA1321**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. MR DELMAR HESTER**

Mailing Address 2100 MILLS CART RD

City State Zip Code  
 SALEM IL 62881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 19 / 2008

**Transaction ID : INCA1535**

Amount of Each Receipt this Period

75.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2008

**Transaction ID : INCA1413**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR AUBREY J BOURGEOIS**

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code  
PENSACOLA FL 32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID : INCA1544**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City State Zip Code  
PORT LUDLOW WA 98365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID : INCA1384**

Amount of Each Receipt this Period

50.00

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

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

185.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR EDWIN L JONES JR**

Mailing Address 7035 MARCHING DUCK DR  
VILLA E 406

City State Zip Code  
CHARLOTTE NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID : INCA1357**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City State Zip Code  
WINSTON SALEM NC 27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID : INCA1510**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City State Zip Code  
MONTEREY CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE INSURANCE CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID : INCA1578**

Amount of Each Receipt this Period

100.00

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

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

700.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR OMER E BOWLUS**

Mailing Address 3250 WALTON BLVD APT 203

City  
ROCHESTER

State Zip Code  
MI 48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORP.

Occupation  
RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1478**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MRS CLARICE T COLLINS**

Mailing Address 2002 S GEORGIA AVE  
PO BOX 1705

City  
MASON CITY

State Zip Code  
IA 50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

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  
03 / 24 / 2008

**Transaction ID : INCA1377**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN H GEIMAN**

Mailing Address 541 W WALNUT ST

City  
HANOVER

State Zip Code  
PA 17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1322**

Amount of Each Receipt this Period

25.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1392**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD S GRIFFITH**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1391**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR DELMAR HESTER**

Mailing Address 2100 MILLS CART RD

City

SALEM

State

IL

Zip Code

62881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1536**

Amount of Each Receipt this Period

75.00

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS FAYE A HUNT**

Mailing Address 7065 W 130TH ST APT 121E

City State Zip Code  
 CLEVELAND OH 44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 24 2008

**Transaction ID : INCA1546**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code  
 NAPERVILLE IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 24 2008

**Transaction ID : INCA1497**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MRS LESLEY LINSTADER**

Mailing Address 23871 WILLOWS DR APT 135

City State Zip Code  
 LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED/HOMEMAKER

Occupation

RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 24 2008

**Transaction ID : INCA1482**

Amount of Each Receipt this Period

75.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS GLORIA A NYHEIM**

Mailing Address 116 MAIN ST # 223  
PO BOX 543

City State Zip Code  
GRANTSVILLE MD 21536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MISSIONARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1397**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MRS GLORIA A NYHEIM**

Mailing Address 116 MAIN ST # 223  
PO BOX 543

City State Zip Code  
GRANTSVILLE MD 21536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MISSIONARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1396**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS MARIE J PAPILLON**

Mailing Address 16426 NE 31ST AVE

City State Zip Code  
NORTH MIAMI BEACH FL 33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1435**

Amount of Each Receipt this Period

100.00

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MISS MARIAN L PATTERSON**

Mailing Address 5001 W FLORIDA AVE SPC 264

City State Zip Code  
HEMET CA 92545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1350**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City State Zip Code  
WINSTON SALEM NC 27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1511**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MS MADELEINE ZWEIBEL**

Mailing Address 122 PALMERS HILL RD UNIT 3323

City State Zip Code  
STAMFORD CT 6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2008

**Transaction ID : INCA1465**

Amount of Each Receipt this Period

75.00

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS JEAN M AVERY**

Mailing Address 257 ARLINGTON RD APT 104

City State Zip Code  
 REDWOOD CITY CA 94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2008

**Transaction ID : INCA1571**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. MRS VIRGINIA H BARNES**

Mailing Address 101 COUNTRY COVE DR

City State Zip Code  
 CLINTON MS 39056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

U.S. TREASURY/ATF JACKSON DISTRICT

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2008

**Transaction ID : INCA1523**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MRS MYRTLE HARVEY**

Mailing Address 1105 MORRISON AVE APT 5K

City State Zip Code  
 BRONX NY 10472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2008

**Transaction ID : INCA1328**

Amount of Each Receipt this Period

1000.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MRS FAYE A HUNT**

Mailing Address 7065 W 130TH ST APT 121E

City State Zip Code  
 CLEVELAND OH 44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 25 2008

**Transaction ID : INCA1547**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code  
 NAPERVILLE IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 25 2008

**Transaction ID : INCA1498**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. MR ROBERT S MAC ALISTER**

Mailing Address 78 LOPACO CT

City State Zip Code  
 CAMARILLO CA 93010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 25 2008

**Transaction ID : INCA1347**

Amount of Each Receipt this Period

25.00

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

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

160.00



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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS MARGARET P SCOTT**

Mailing Address 1675 DENVER AVE

City  
CLAREMONT

State Zip Code  
CA 91711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2008

**Transaction ID : INCA1540**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR PERRY R SWANSON**

Mailing Address 1700 GRANDVIEW AVE APT 403

City  
PITTSBURGH

State Zip Code  
PA 15211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2008

**Transaction ID : INCA1581**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City  
SAN DIEGO

State Zip Code  
CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2008

**Transaction ID : INCA1425**

Amount of Each Receipt this Period

50.00

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

250.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR THOMAS R LAMBERT**

Mailing Address 5674 ASHLAND AVE

City State Zip Code  
 SAN DIEGO CA 92120

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 26 2008

Transaction ID : INCA1426

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR GEORGE M NEALL II**

Mailing Address 5452 TATES BANK RD

City State Zip Code  
 CAMBRIDGE MD 21613

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 26 2008

Transaction ID : INCA1460

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MISS MARIAN L PATTERSON**

Mailing Address 5001 W FLORIDA AVE SPC 264

City State Zip Code  
 HEMET CA 92545

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 26 2008

Transaction ID : INCA1351

Amount of Each Receipt this Period

50.00

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

300.00

TOTAL 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 75 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2008

Transaction ID : INCA1512

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2008

Transaction ID : INCA1439

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS ANNE M HARPER

Mailing Address 85 SCOTTSDALE DR

City

TROY

State

MI

Zip Code

48084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2008

Transaction ID : INCA1394

Amount of Each Receipt this Period

50.00

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

120.00

TOTAL 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR JOHN J HARTFORD MD**

Mailing Address 3644 TERRA GRANADA DR  
#2A

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2008

**Transaction ID : INCA1303**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MRS HAZEL T LILLICROP**

Mailing Address 311 W NOTTINGHAM PL APT G29

City State Zip Code  
SAN ANTONIO TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
03 / 27 / 2008

**Transaction ID : INCA1475**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT SUNDERLAND**

Mailing Address 953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2008

**Transaction ID : INCA1447**

Amount of Each Receipt this Period

50.00

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

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

130.00

# **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 77 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR PAUL DE CLEVA**

Mailing Address 350 N SAINT PAUL ST STE 1625

City State Zip Code  
DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2008

**Transaction ID : INCA1374**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS THERESA FIORENTINO**

Mailing Address 1515 HILL DR

City State Zip Code  
LOS ANGELES CA 90041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2008

**Transaction ID : INCA1400**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS EVELYNE K JOHNSON**

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code  
NAPERVILLE IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2008

**Transaction ID : INCA1499**

Amount of Each Receipt this Period

50.00

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

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

200.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 78 OF 110  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS JENIFER M SAMPSON**

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2008

Transaction ID : INCA1491

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS MARILYN J ALLEN**

Mailing Address 260 CHAPARRAL LN

City

NIPOMO

State

CA

Zip Code

93444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2008

Transaction ID : INCA1469

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS THERESA FIORENTINO**

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2008

Transaction ID : INCA1401

Amount of Each Receipt this Period

75.00

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

225.00

**TOTAL** 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS ANNE M HARPER**

Mailing Address 85 SCOTTSDALE DR

City  
TROY

State  
MI

Zip Code  
48084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MUSIC TEACHER

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  
03 / 31 / 2008

**Transaction ID : INCA1395**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS ALICE K HAYES**

Mailing Address 4014 QUAIL RIDGE DR N APT A

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2008

**Transaction ID : INCA1471**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL K HENNEY**

Mailing Address 2631 LEISURE WORLD

City

MESA

State

AZ

Zip Code

85206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
03 / 31 / 2008

**Transaction ID : INCA1369**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 80 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR CARL J JESPERSEN**

Mailing Address 73 PATHFINDER LN

City State Zip Code  
 PORT LUDLOW WA 98365

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2008

Transaction ID : INCA1385

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MRS HELEN M MEYERS**

Mailing Address PO BOX 1167

City State Zip Code  
 MURPHYS CA 95247

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

SECRETARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2008

Transaction ID : INCA1325

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**C. MS MILDRED F SOUTHERN**

Mailing Address 933 KENLEIGH CIR

City State Zip Code  
 WINSTON SALEM NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 31 2008

Transaction ID : INCA1513

Amount of Each Receipt this Period

20.00

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

51.00

TOTAL 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR HARRY L STOUT**

Mailing Address 1142 CHERRY LN

City State Zip Code  
 WEST LAFAYETTE IN 47906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PURDUE UNIVERSITY

Occupation  
 RETIRED TEACHER

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  
 03 / 31 / 2008

**Transaction ID : INCA1370**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MS YOLANDE H STRAWINSKI**

Mailing Address 1130 SYLVAN PL

City State Zip Code  
 MONTEREY CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NEW YORK LIFE INSURANCE CO.

Occupation  
 SELF-EMPLOYED INSURANCE AGENT/HOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID : INCA1579**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code  
 MORTON IL 61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2008

**Transaction ID : INCA1415**

Amount of Each Receipt this Period

25.00

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

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

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 110  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MRS OLETHA E YOUNG**

Mailing Address 730 W JEFFERSON ST APT 242

City	State	Zip Code
MORTON	IL	61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

**Transaction ID : INCA1414**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.**

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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

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

25.00

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

35056.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Unitemized**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Adjust opening balance to agree with audit

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 01 / 2008**Transaction ID : EXPB5338**

Amount of Each Disbursement this Period

142.91

Full Name (Last, First, Middle Initial)

**B. The Best List, Inc.**

Mailing Address 2070 Chain Bridge Rd., suite 520

City State Zip Code  
Vienna VA 22182Purpose of Disbursement  
Lists

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 14 / 2008**Transaction ID : EXPB1264**

Amount of Each Disbursement this Period

847.92

Full Name (Last, First, Middle Initial)

**C. Washington Intelligence Bureau**

Mailing Address 4128 Pepsi Place

City State Zip Code  
Chantilly VA 20151Purpose of Disbursement  
Account services

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 14 / 2008**Transaction ID : EXPB1263**

Amount of Each Disbursement this Period

1915.77

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2906.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Direct Response Data**

Mailing Address 2070 Chain Bridge Road, Suite 520

City	State	Zip Code
Vienna	VA	22182

Purpose of Disbursement  
Data Entry

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2008

**Transaction ID : EXPB1266**

Amount of Each Disbursement this Period

7000.00
---------

Full Name (Last, First, Middle Initial)

**B. James Lacy**

Mailing Address 30011 Ivy Glenn Drive #223

City	State	Zip Code
Laguna Niguel	CA	92677

Purpose of Disbursement  
Travel expense

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2008

**Transaction ID : EXPB170**

Amount of Each Disbursement this Period

872.29
--------

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 37176

City	State	Zip Code
San Francisco	CA	94137

Purpose of Disbursement  
Deposit Slips

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2008

**Transaction ID : EXPB1269**

Amount of Each Disbursement this Period

47.70
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7919.99
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 110

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 37176

City San Francisco    State CA    Zip Code 94137

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2008
**Transaction ID : EXPB1267**

Amount of Each Disbursement this Period

124.17

Full Name (Last, First, Middle Initial)

**B. Fulfillment Management**

Mailing Address 2070 Chain Bridge Rd., Ste 520

City Vienna    State CA    Zip Code 22182

Purpose of Disbursement  
Mailings

003

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2008
**Transaction ID : EXPB1271**

Amount of Each Disbursement this Period

5570.55

Full Name (Last, First, Middle Initial)

**C. Barrett Garcia**

Mailing Address 32302 Camino Capistrano #214

City San Juan Capistran    State CA    Zip Code 92675

Purpose of Disbursement  
Accounting services

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 25 / 2008
**Transaction ID : EXPB1253**

Amount of Each Disbursement this Period

998.03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6692.75

<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

# The Legacy Committee Political Action Committee

**A. Excellentia Inc.**

00.

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1000.00

### B. James Lacy

00

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1000.00

**C. Response Dynamics, Inc.**

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

6164.06

8164.06

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 110

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Washington Intelligence Bureau**

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Account services

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 19 2008
**Transaction ID : EXPB1279**

Amount of Each Disbursement this Period

2340.11

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement  
Merchant Service Fee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 25 2008
**Transaction ID : EXPB1281**

Amount of Each Disbursement this Period

265.03

Full Name (Last, First, Middle Initial)

**C. U.S. Postmaster**

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20018

Purpose of Disbursement  
Postage

003

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 27 2008
**Transaction ID : EXPB1282**

Amount of Each Disbursement this Period

970.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3575.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 110

<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)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Apex Advertising, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2008

Mailing Address 119 Reese Ave.

City	State	Zip Code
Lancaster	PA	17602

**Transaction ID : EXPB1284**Purpose of Disbursement  
Advertising

004

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

498.64

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Washington Intelligence Bureau**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2008

Mailing Address 4128 Pepsi Place

City	State	Zip Code
Chantilly	VA	20151

**Transaction ID : EXPB1289**Purpose of Disbursement  
Account Services

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1981.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Washington Intelligence Bureau**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2008

Mailing Address 4128 Pepsi Place

City	State	Zip Code
Chantilly	VA	20151

**Transaction ID : EXPB1288**Purpose of Disbursement  
Account services

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

4686.08

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

7166.22

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 110

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Apex Advertising, Inc.**

Mailing Address 119 Reese Ave.

City Lancaster      State PA      Zip Code 17602

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2008
**Transaction ID : EXPB1294**

Amount of Each Disbursement this Period

810.14

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 37176

City San Francisco      State CA      Zip Code 94137

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2008
**Transaction ID : EXPB1293**

Amount of Each Disbursement this Period

149.83

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 37176

City San Francisco      State CA      Zip Code 94137

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2008
**Transaction ID : EXPB5339**

Amount of Each Disbursement this Period

67.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1027.47

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 110

<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)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 37176

City	State	Zip Code
San Francisco	CA	94137

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2008

**Transaction ID : EXPB5340**

Amount of Each Disbursement this Period

574.45
--------

Full Name (Last, First, Middle Initial)

**B. Response Dynamics, Inc.**

Mailing Address 2070 Chain Bridge Rd., Suite 520

City	State	Zip Code
Vienna	VA	22182

Purpose of Disbursement  
Postage

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2008

**Transaction ID : EXPB1295**

Amount of Each Disbursement this Period

9740.46
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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).....▶

10314.91

47767.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 110

<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

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NAME OF COMMITTEE (In Full)

**The Legacy Committee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Conservative Political Action Conference**

Mailing Address 1007 Cameron Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Sponsorship

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2008

**Transaction ID : EXPB171**

Amount of Each Disbursement this Period

6000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y 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)..... ►

6000.00
---------

6000.00
---------

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 92 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           20047.93         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC157</b>
Purpose of Expenditure Postage Account	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           71828.27         </div>			

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           5219.64         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC158</b>
Purpose of Expenditure Postage Account	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           18701.03         </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25267.57</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 93 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           4378.80         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC159</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           71828.27         </div>			

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1140.05         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC160</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           18701.03         </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5518.85</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 94 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00429084	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			

  

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>01 / 14 / 2008</b>	
Mailing Address 2070 Chain Bridge Rd., Ste 520			Amount <span style="border: 1px solid black; padding: 2px;">3699.29</span>	
City Vienna	State CA	Zip Code 22182	Transaction ID : EDTEALC143	
Purpose of Expenditure Mailings		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>01 / 14 / 2008</b>	
Mailing Address 2070 Chain Bridge Rd., Ste 520			Amount <span style="border: 1px solid black; padding: 2px;">963.14</span>	
City Vienna	State CA	Zip Code 22182	Transaction ID : EDTEALC144	
Purpose of Expenditure Mailings		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">4662.43</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 95 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00429084         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6276.11</div>	
City Vienna State VA Zip Code 22182	Transaction ID : <b>EDTEALC135</b>		
Purpose of Expenditure Data Entry	Category/ Type 003	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">71828.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1634.04</div>	
City Vienna State VA Zip Code 22182	Transaction ID : <b>EDTEALC136</b>		
Purpose of Expenditure Data Entry	Category/ Type 003	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">18701.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">7910.15</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 96 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00429084         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>		
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1317.20</div>		
<table style="width: 100%;"> <tr> <td style="width: 40%;">City Vienna</td> <td style="width: 20%;">State VA</td> <td style="width: 40%;">Zip Code 22182</td> </tr> </table>			City Vienna	State VA
City Vienna	State VA	Zip Code 22182		
Purpose of Expenditure Data Entry	Category/ Type <div style="border: 1px solid black; padding: 2px;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">71828.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____		

Transaction ID : EDTEALC137

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>		
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">342.94</div>		
<table style="width: 100%;"> <tr> <td style="width: 40%;">City Vienna</td> <td style="width: 20%;">State VA</td> <td style="width: 40%;">Zip Code 22182</td> </tr> </table>			City Vienna	State VA
City Vienna	State VA	Zip Code 22182		
Purpose of Expenditure Data Entry	Category/ Type <div style="border: 1px solid black; padding: 2px;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">18701.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____		

Transaction ID : EDTEALC138

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">1660.14</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

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Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 97 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

  

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date MM / DD / YYYY 01 / 28 / 2008	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 2380.28	
City Vienna	State VA	Zip Code 22182	
Purpose of Expenditure Mailing Services	Category/ Type 003	<b>Transaction ID : EDTEALC165</b> Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27			

  

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date MM / DD / YYYY 01 / 28 / 2008	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 619.72	
City Vienna	State VA	Zip Code 22182	
Purpose of Expenditure Mailing Services	Category/ Type 003	<b>Transaction ID : EDTEALC166</b> Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	3000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY  
10 / 14 / 2011

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 98 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date MM / DD / YYYY 01 / 29 / 2008	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 3279.51	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC161
Purpose of Expenditure Mailing Services	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71828.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date MM / DD / YYYY 01 / 29 / 2008	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 853.84	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC162
Purpose of Expenditure Mailing Services	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18701.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4133.35	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>James Lacy</u> <div style="text-align: right;">[Electronically Filed]</div>		Date MM / DD / YYYY 10 / 14 / 2011	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 99 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00429084         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 900 Brentwood Road N.E.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           793.43         </div>
City Washington State DC Zip Code 20018		
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           71828.27         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____

Transaction ID : EDTEALC151

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 900 Brentwood Road N.E.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           206.57         </div>
City Washington State DC Zip Code 20018		
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           18701.03         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____

Transaction ID : EDTEALC152

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         1000.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         _____       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 100 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3171.19         </div>	
City Vienna	State CA	Zip Code 22182	<b>Transaction ID : EDTEALC145</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Mailings		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           71828.27         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           825.65         </div>	
City Vienna	State CA	Zip Code 22182	<b>Transaction ID : EDTEALC146</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Mailings		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           18701.03         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3996.84</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 101 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name (Last, First, Middle Initial) of Payee <b>The Best List, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 06 / 2008	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <span style="border: 1px solid black; padding: 2px;">1511.94</span>	
City Vienna	State VA	Zip Code 22182	<b>Transaction ID : EDTEALC169</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Lists		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>The Best List, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 06 / 2008	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <span style="border: 1px solid black; padding: 2px;">393.64</span>	
City Vienna	State VA	Zip Code 22182	<b>Transaction ID : EDTEALC170</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Lists		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;">1905.58</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>James Lacy</u> <div style="text-align: right;">[Electronically Filed]</div>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2011	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 102 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date MM / DD / YYYY 02 / 11 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 3496.54	
City Vienna	State CA	Zip Code 22182	
Purpose of Expenditure Mailings	Category/ Type 003	Transaction ID : EDTEALC147 Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		71828.27	

Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date MM / DD / YYYY 02 / 11 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 910.35	
City Vienna	State CA	Zip Code 22182	
Purpose of Expenditure Mailings	Category/ Type 003	Transaction ID : EDTEALC148 Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		18701.03	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4406.89
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 14 / 2011

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 103 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1315.78         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC163</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           71828.27         </div>		2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           342.57         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC164</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           18701.03         </div>		2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1658.35</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 104 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>			
Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> 03 / 03 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <span style="border: 1px solid black; padding: 2px;">3014.52</span>	
City Vienna	State CA	Zip Code 22182	<b>Transaction ID : EDTEALC149</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Mailings		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>Fulfillment Management</b>		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> 03 / 03 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <span style="border: 1px solid black; padding: 2px;">784.85</span>	
City Vienna	State CA	Zip Code 22182	<b>Transaction ID : EDTEALC150</b> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Mailings		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;">3799.37</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>James Lacy</u>		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> 10 / 14 / 2011	
[Electronically Filed]			



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 105 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 04 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount <span style="border: 1px solid black; padding: 2px;">575.23</span>	
City Washington	State DC	Zip Code 20018	Transaction ID : <b>EDTEALC153</b>
Purpose of Expenditure Postage	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>			

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 04 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount <span style="border: 1px solid black; padding: 2px;">149.77</span>	
City Washington	State DC	Zip Code 20018	Transaction ID : <b>EDTEALC154</b>
Purpose of Expenditure Postage	Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">725.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 10 / 14 / 2011

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 106 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 12 / 2008	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <span style="border: 1px solid black; padding: 2px;">1928.95</span>	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC139
Purpose of Expenditure Data Entry	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 12 / 2008	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <span style="border: 1px solid black; padding: 2px;">502.22</span>	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC140
Purpose of Expenditure Data Entry	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">2431.17</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 107 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date MM / DD / YYYY 03 / 14 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 793.43	
City Washington	State DC	Zip Code 20018	Transaction ID : EDTEALC155
Purpose of Expenditure Postage	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71828.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>U.S. Postmaster</b>		Date MM / DD / YYYY 03 / 14 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 206.57	
City Washington	State DC	Zip Code 20018	Transaction ID : EDTEALC156
Purpose of Expenditure Postage	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18701.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	1000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
10 / 14 / 2011

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 108 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2008	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <span style="border: 1px solid black; padding: 2px;">7186.31</span>	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC141
Purpose of Expenditure Data Entry	Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71828.27</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response Data</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2008	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <span style="border: 1px solid black; padding: 2px;">1871.01</span>	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC142
Purpose of Expenditure Data Entry	Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18701.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">9057.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 109 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           6157.62         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC167</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           71828.27         </div>		2008 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Response Dynamics, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1603.18         </div>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>EDTEALC168</b>
Purpose of Expenditure Mailing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           18701.03         </div>		2008 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7760.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James Lacy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 110 OF 110  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The Legacy Committee Political Action Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00429084         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee <b>The Best List, Inc.</b>		Date MM / DD / YYYY 03 / 26 / 2008	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount 504.21	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC171
Purpose of Expenditure Lists	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71828.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>The Best List, Inc.</b>		Date MM / DD / YYYY 03 / 26 / 2008	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount 131.28	
City Vienna	State VA	Zip Code 22182	Transaction ID : EDTEALC172
Purpose of Expenditure Lists	Category/ Type 003	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 18701.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		635.49	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....		90529.30	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>James Lacy</u>		Date MM / DD / YYYY 10 / 14 / 2011	
[Electronically Filed]			