PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Legacy Political Fund PO Box 65 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.legacypoliticalfund.org (Check if address is changed) DATE 2014 C00437376 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Steve Taylor Type or Print Name of Treasurer Steve Taylor [Electronically Filed] 09 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	EEO <b>F</b> a	**** 1 (Paying 02/2000)	Pogo 9			
		rm 1 (Revised 02/2009) OMMITTEE	Page 2			
		e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Can	e of didate					
	didate y Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Can	e of didate					
Par	ty Con	nmittee:	(Damas anatis			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC <b>Form 1</b> (Revised 0)	2/2009)	Page <b>3</b>					
Write or Type Committee Name	12003)	1 age 3					
Legacy Political	Fund						
		Landarchia DAO Caranan					
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor					
Legacy Victory Commit	tee 2014						
Mailing Address	901 N Washington St Suite 700						
· ·							
	Alexandria	22314					
	CITY STATE	ZIP CODE					
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	e Leadership PAC Sponsor					
. Custodian of Records: Ident books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
Timothy A.							
Full Name	901 N Washington St, Suite 700						
Mailing Address							
		00044					
	Alexandria	22314					
Title or Position	CITY STATE	ZIP CODE					
Assistant Treasurer	703 Telephone number						
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of					
Full Name Steve Taylo	r						
of Treasurer	STATE Courte Double Double						
Mailing Address	515 Santa Paula Dr						
	Salinas	93901					
Title or Position	CITY STATE	ZIP CODE					
Treasurer	800 Telephone number	929 9384					

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Full Name of Designated Agent Mailing Address	Timothy A. Koch  901 N Washington St, Suite 700		
	Alexandria	VA STATE	22314 ZIP CODE
Title or Position Assistant Treasu	rer 	ne number 703	
safety deposit bo	Depositories: List all banks or other depositories in which the codes or maintains funds.	ommittee deposits fund	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Wells Fargo		
Mailing Address	330 N Washington St		
	Alexandria	VA	22314
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	Bank of America		1
Mailing Address	600 N Washington St		
	Alexandria	I VA I	22314

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor McFadden Ernst Cotton Sullivan Victory Fund (MECS Victory Fund) 901 N Washington St, Suite 700 Mailing Address 22314 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number