06/12/2008 17:33

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An A	uthorized Committ	ee	Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEI OR TYPE OR PRINT ₩	L Example:If typing over the lines	ı, type		
The Legacy Committee Poli	itical Action Committee				
				1 1 1 1 1 1	
ADDRESS (number and street)	30011 Ivy Glenn Drive, S	Ste 223			
Check if different					
than previously reported. (ACC)	Laguna Niguel		L CA	92677	-
2. FEC IDENTIFICATION NU	IMBER ♥ (CITY A	STATE	L ZIPCO	DE 🛕
C00429084	3.		NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	A	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(Q1) (c) 12-Day	Primary (12F	P) Ge	neral (12G)	Runoff (12R)
July 15 Quarterly Report(Q2) PRE-Election Report for the:	Convention	(130)	ooial (12C)	
October 15 Quarterly Report(,	Convention (120) Sp	ecial (12G)	
January 31 Quarterly Report(YE) Ele	ction on		in the State o	of line
X July 31 Mid-Year Report(Non-electi Year Only) (MY)	Post -Election Report for the:	,	G) Ru	noff (30R)	Special (30S)
Termination Repo	ort '	ction on		in the State of	of
5. Covering Period 0	01 01 2007	through	06 30	2007	
I certify that I have examined this		knowledge and belief it is	true, correct and com	plete.	
Type or Print Name of Treasurer	James Lacy				
Signature of Treasurer Electr	ronically Filed by James Lac	y	Date	06 12	2008
NOTE : Submission of false, err	oneous, or incomplete informa	ition may subject the pers	on signing this Report	to the penalties of 2 U.	S.C 437g.
Office Use				FEC FOR	

FE6AN026

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 [®] D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 Ž007 January 1 (b) Cash on Hand at 0.00 Begining of Reporting Period 51862.45 51862.45 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 51862.45 51862.45 6(a) and 6(c) for Column B) 26273.13 26273.13 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25589.32 25589.32 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 1000.00 Schedule C and/or Schedule D) 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

3^D0 м N 0 1 0 1 м м 0 6 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9039.00 9039.00 (i) Itemized (use Schedule A) 42823.45 42823.45 (ii) Unitemized (iii) TOTAL (add 51862.45 51862.45 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 51862.45 51862.45 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 51862.45 51862.45 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 51862.45 51862.45 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 5679.46 5679.46 Expenditures..... (c) Total Operating Expenditures 5679.46 5679.46 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 20593.67 20593.67 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 26273.13 26273.13 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 26273.13 26273.13

from Line 31).....

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)	51862.45	51862.45
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	51862.45	51862.45
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5679.46	5679.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	5679.46	5679.46

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/30 (check only one) X 11a
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	The Legacy Committee Political Action	Committee)	
۸.	Full Name (Last, First, Middle Initial) MRS FAYE A SMALL			Date of Receipt
	Mailing Address 446 SECORY ST	Stata	Zin Codo	04 24 2007
	City HEMET	State CA	Zip Code 92543	Transaction ID: INC.A.14 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	200.00
	Name of Employer LOS ANGELES COUNTY HOSPIT- AL	Occupation RETIRE		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		525.00	
3.	Full Name (Last, First, Middle Initial) MR ROBERT D WELCHLI			Date of Receipt
	Mailing Address 348 PROVENCAL RD			04 24 2007
	City	State	Zip Code	Transaction ID: INC.A.4
	GROSSE POINTE	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer RETIRED	Occupation RETIRE!		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		200.00	
 ;.	Full Name (Last, First, Middle Initial) MRS MARGARET W PIERCE			Date of Receipt
	Mailing Address 2725 SENECA CIR			04 25 2007
	City WEST PALM BEACH	State FL	Zip Code 33409	Transaction ID: INC.A.26 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer RETIRED	Occupation HOMEM.		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		300.00	
SI	UBTOTAL of Receipts This Page (optional)			400.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Legacy Committee Political Activations of the committee Political Activation of the committee P	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MRS BETTY ANN SHIPKEY Mailing Address 1428 W BAY AVE City NEWPORT BEACH FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	State CA C Occupatio Retired Aggregate	Zip Code 92661 n e Year-to-Date ▼	Date of Receipt M M M / 26 / 2007 Transaction ID: INC.A.29 Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial) MR RICHARD S GRIFFITH Mailing Address PO BOX 91610 City LAFAYETTE FEC ID number of contributing federal political committee.	State LA	300.00 Zip Code 70509	Date of Receipt M M C D D C Y Y Y Y Y Y O 4 2 7 2 0 0 7 Transaction ID: INC.A.9 Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	-, '	n DR/HOMEMAKER e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MRS MARGARET W PIERCE Mailing Address 2725 SENECA CIR City WEST PALM BEACH FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary Other (specify)	State FL C Occupatio HOMEM Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 7 2 0 0 7 Transaction ID: INC.A.27 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/30 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Legacy Committee Political Ac	ction Committee)	
Full Name (Last, First, Middle Initial) MS ANALYNN T HOLLOWAY			Date of Receipt
Mailing Address 7277 BOCAGE BL	VD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BATON ROUGE	State LA	Zip Code 70809	Transaction ID: INC.A.13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		220.00
Name of Employer RETIRED	Occupation HOMEM		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) MRS EMMA LEA LANDERS			Date of Receipt
Mailing Address 2355 PINTA DR			05 09 7 2007
City WINSTON SALEM	State NC	Zip Code	Transaction ID: INC.A.28
FEC ID number of contributing federal political committee.	C	27106	Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) MRS PHYLLIS R DAVIS			Date of Receipt
Mailing Address 1150 ANCHORAGE	E LN UNIT 610		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN DIEGO	State CA	Zip Code 92106	Transaction ID: INC.A.31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32100	100.00
Name of Employer RETIRED	Occupation HOMEM		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional	-D		520.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Legacy Committee Political Act	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MRS BETTY J ALSON Mailing Address 819 PARADISE LN City BROOKINGS FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OR 97415 C	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.19 Amount of Each Receipt this Period 200.00
Name of Employer US ARMY/FORT RICHARDSON, AL Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	RETIRED BUDGET OFFICER/HOME Aggregate Year-to-Date ▼ 200.00	EMAKER
Full Name (Last, First, Middle Initial) MRS FAYE A SMALL Mailing Address 446 SECORY ST City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HEMET FEC ID number of contributing federal political committee. Name of Employer LOS ANGELES COUNTY HOSPIT-	CA 92543 C Occupation RETIRED RN	Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) MS RUTH E DEMPSTER Mailing Address 5028 W HERNDON	AVE APT 105	Date of Receipt 0 5 2 2 2 0 0 7
City FRESNO	State Zip Code CA 93722	Transaction ID: INC.A.22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.00
Name of Employer Retired	Occupation Retired	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00	
		284.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) The Legacy Committee Political Action	on Committee	9	
۷.	Full Name (Last, First, Middle Initial) MS RUTH E DEMPSTER			Date of Receipt
	Mailing Address 5028 W HERNDON /	AVE APT 105		05 / 22 / 2007
	City FRESNO	State CA	Zip Code 93722	Transaction ID: INC.A.23 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupatio Retired	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 994.00	
	Full Name (Last, First, Middle Initial) MRS FAYE A SMALL Mailing Address 446 SECORY ST	_ I		Date of Receipt
	City	Ctoto	7in Code	05 31 2007
	HEMET	State CA	Zip Code 92543	Transaction ID: INC.A.16 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer LOS ANGELES COUNTY HOSPIT- AI	Occupatio RETIREI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
_	Full Name (Last, First, Middle Initial) MR ROBERT D WELCHLI			Date of Receipt
	Mailing Address 348 PROVENCAL RI)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GROSSE POINTE	State MI	Zip Code 48236	Transaction ID: INC.A.5 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40230	100.00
	Name of Employer RETIRED	Occupatio RETIREI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)			635.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Legacy Committee Political Action	name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MR ROBERT L BOUGHTON, JR Mailing Address 3449 PADARO LN City CARPINTERIA FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For:	State CA C Occupation RETIRED		Date of Receipt M M O G O G O G O G O G O G O G O G O G
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR RICHARD M HOLCOMBE	Aggregate	500.00	Date of Receipt
Mailing Address 73 MALLARD CT City MONTROSS FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	State VA C Occupation RETIRED Aggregate		Transaction ID: INC.A.21 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) MRS MARJORIE P POWERS Mailing Address 1155 SW 22ND AVE VILLA 10 # 2 City DELRAY BEACH FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State FL C Occupation HOMEMA Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.11 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Legacy Committee Political Action	Statements may not be sold or used by any perse name and address of any political committee to on Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MRS BETTY ANN SHIPKEY Mailing Address 1428 W BAY AVE City NEWPORT BEACH FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	State Zip Code CA 92661 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) MRS PHYLLIS R DAVIS Mailing Address 1150 ANCHORAGE I City SAN DIEGO FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For:		Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) DR T C JONES Mailing Address 1301 ARENAL CT City SANTA FE FEC ID number of contributing federal political committee.	200.00 State Zip Code NM 87501	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation RETIRED Aggregate Year-to-Date ▼ 200.00	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Legacy Committee Political Action	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MRS ESTELLAT HYSON Mailing Address 2437 W ERIC DR MAPLE CREST City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer RETIRED	State DE C Occupatio HOMEM		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 200.00	
MRS FAYE A SMALL Mailing Address 446 SECORY ST City	State	Zip Code	Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HEMET FEC ID number of contributing federal political committee. Name of Employer LOS ANGELES COUNTY HOSPIT-AL Receipt For: Primary General Other (specify)	CA C Occupation RETIREI Aggregate		Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) MISS MAURINE CLICKENER Mailing Address 1101 PEMBRIDGE D	R APT 208H		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAKE FOREST FEC ID number of contributing federal political committee.	State IL	Zip Code 60045	Transaction ID: INC.A.1 Amount of Each Receipt this Period 250.00
Name of Employer ABBOTT LABORATORIES Receipt For: Primary General Other (specify) ▼	Occupatio RETIREI Aggregate		
SUBTOTAL of Receipts This Page (optional) .			500.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) The Legacy Committee Political A	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR ELLIOT A BAINES Mailing Address 360 INDIAN HARE City VERO BEACH FEC ID number of contributing federal political committee.	State Zip Code FL 32963	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 5 2 0 0 7 Transaction ID: INC.A.6 Amount of Each Receipt this Period 2500.00
Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	Occupation HOMEMAKER Aggregate Year-to-Date 2500.00	
Full Name (Last, First, Middle Initial) MR ANDREW E SMITH Mailing Address 6961 CRESCENT	AVE	Date of Receipt 0 6 1 9 2 0 0 7
City	State Zip Code	Transaction ID: INC.A.3
BUENA PARK	CA 90620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MS RUTH E DEMPSTER Mailing Address 5028 W HERNDO	N AVE APT 105	Date of Receipt 0 6 2 0 2 0 0 7
City	State Zip Code	Transaction ID: INC.A.24
FRESNO FEC ID number of contributing federal political committee.	CA 93722	Amount of Each Receipt this Period 350.00
Name of Employer Retired	Occupation Retired	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00	
SUPTOTAL of Possints This Poss (entire	nal)	3850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15/30 (check only one)
LIVIIZED ILECEII 10	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
The Legacy Committee Political Action	on Committee	
Full Name (Last, First, Middle Initial) MRS FAYE A SMALL		Date of Receipt
Mailing Address 446 SECORY ST		0 6 2 1 2 0 0 7
City	State Zip Code	Transaction ID: INC.A.18
HEMET	CA 92543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer LOS ANGELES COUNTY HOSPIT-	Occupation RETIRED RN	
AL Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial) MRS MARJORIE P POWERS	•	Date of Receipt
Mailing Address 1155 SW 22ND AVE VILLA 10 # 2		06 22 2007
City	State Zip Code	Transaction ID: INC.A.12
DELRAY BEACH	FL 33445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer RETIRED	Occupation HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) MS RUTH E DEMPSTER		Date of Receipt
Mailing Address 5028 W HERNDON A	VE APT 105	0 6 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: INC.A.25
FRESNO	CA 93722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Retired	Occupation Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	994.00	
	334.00	
Other (specify) ▼		
☐ Other (specify) ▼		400.00

TOTAL This Period (last page this line number only)

A.

В.

PAGE 16/30 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee Full Name (Last, First, Middle Initial) MR RICHARD S GRIFFITH Date of Receipt Mailing Address PO BOX 91610 06 25 2007 City State Zip Code Transaction ID: INC.A.10 **LAFAYETTE** 70509 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation INVESTOR/HOMEMAKER Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) MS EDITH S RYDER Date of Receipt Mailing Address 11280 57TH AVE S 06 25 2007 City State Zip Code Transaction ID: INC.A.20 **SEATTLE** WA 98178 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer RETIRED Occupation **RETIRED** Receipt For: Aggregate Year-to-Date Primary General

500.00

SUBTOTAL of Receipts This Page (optional)	•	700.00
TOTAL This Period (last page this line number only)	<u> </u>	9039.00

Other (specify)

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SCHEDULE B (FEC Form 3X)	Llee concrete selectivis/s)	FOR LINE	R LINE NUMBER: PAGE 17/30							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only								
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b						
Any Information copied from such Reports and Stater	nents may not be sold or used b									
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
The Legacy Committee Political Action Co	ommittee									
Full Name (Last, First, Middle Initial) Direct Response Data			Transaction ID: Date of Disburs	EXP.B.1592 ement						
Mailing Address 2070 Chain Bridge Road	l, Suite 520		05 2	9 7 2007						
City Vienna	State Zip Code VA 22182		Amount of Each	Disbursement this Period						
Purpose of Disbursement Data Entry		003		221.17						
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Fullfillment Management			Date of Disburs							
Mailing Address 2070 Chain Bridge Road	l, Suite 520		05 2	9 7 2007						
City Vienna	State Zip Code VA 22182		Amount of Each	Disbursement this Period						
Purpose of Disbursement Folding/inserting mail		003		376.14						
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)										
Mid America Printing			Date of Disburs							
Mailing Address 2070 Chain Bridge Road	l, Suite 520		05 2	9 7 2007						
City Vienna	State Zip Code VA 22182		Amount of Each	Disbursement this Period						
Purpose of Disbursement Printing	Γ	003		2878.25						
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)		<u></u>		3475.56						

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (about				LINE NUMBER: PAGE 18 / 30 k only one)									
ITEMIZED DISBURSEMENTS	for each categor Detailed Summa		X 21b 27			22 23 24 25 28c 28c 29						26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				y person		the pu	rpose	of so	liciting co		outions			
NAME OF COMMITTEE (In Full)														
The Legacy Committee Political Action Col	nmittee													
Full Name (Last, First, Middle Initial)						Trans	action	ID:	EXP.E	3.15	96			
Response Dynamics							of Disb					_		
Mailing Address 2070 Chain Bridge Rd., S	Suite 520					o ^M 5	M /	^D 2	9 /	Ž	0 ŏ 7	7 *		
,	State Zip C VA 2218					Amou	nt of E	ach	Disburse	men	t this F	Period		
Purpose of Disbursement Mailing services		Г	0	03						10	06.72	2		
Candidate Name				egory/ /pe										
Senate President	ment For: Primary Other (specify)	General												
State: District: Full Name (Last, First, Middle Initial)														
Response Dynamics						Date	action of Disb			3.15	95			
Mailing Address 2070 Chain Bridge Rd., S	Suite 520					0 ^M 5	M /	^D 2	9 / Y	ž	0 ŏ 7	7 ^Y		
	State Zip C VA 2218					Amou	nt of E	ach	Disburse	men	t this F	Period		
Purpose of Disbursement Mailing services		Г	0	03		L.				7	'68.0 ₄	4		
Candidate Name				egory/ /pe										
Senate President	ment For: Primary Other (specify)	General												
State: District:														
Full Name (Last, First, Middle Initial) The Best List, Inc.						Date	of Disb	urse				_		
Mailing Address 2070 Chain Bridge Rd., s	uite 520					o ^M 5	M /	^D 2	9 / 1	ž	0 ŏ 7	7 ^Y		
	State Zip C VA 2218					Amou	nt of E	ach	Disburse	men	t this F	Period		
Purpose of Disbursement Lists			_	00						. 2	240.4	4		
Candidate Name			Cate	egory/										
Senate President	ment For: Primary Other (specify)	General		•										
State: District:														
SUBTOTAL of Disbursements This Page (optional) .				. •			•			20	15.20)		

TOTAL This Period (last page this line number only)

State:

A.

District:

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SC	HEDULE B	(FEC Form	3X)	Use sep	arate schedule(s	,		—		UMBE	R:			PA	GE	19 /	30	
ITE	EMIZED DIS	BURSEMEN	ITS		category of the	Ί.	(cr	neck o	nly c	. ′	_		_		_		_	
				Detailed	Summary Page		Х	21b	\vdash	22	Н	23	Н	24	Н	25		26
						Ш	Ш	27	Ļ	28a	Ш	28b	بيا	28c	يب	29		30b
	Information copied or commercial purpo																S	
	NAME OF COMMI	TTEE (In Full)																
<i>\</i>	The Legacy Con	nmittee Political	Action Cor	nmittee														
	Full Name (Last, Fi	rst, Middle Initial)								Trans	sacti	on ID	: F	XP.F	3.42			
,	Washington Inte	lligence Bureau								Date	of D	isburs	eme	nt				
										ME	М	/ D	2 9	/ Y	Y	o ŏ	Y	
	Mailing Address	4128 Pepsi Pla	ice							0 5		4	2 9		. 2	00		
-	City			State	Zip Code					Amoi	unt o	f Each	n Dis	burse	men	t this	Perio	nd
(Chantilly		,	VA	20151					_	-				-			
Ī	Purpose of Disburs	ement					v	-		L.					_ 1	50.0	0	
	Admininstrative pro	cessing services				(ÕΟ.	1.										
(Candidate Name					Са	ateg	ory/										
						7	Тур	е										
(Office Sought:	House	Disburse	ment For:														
		Senate		Primary	General													
		President		Other (spe	ecify) 🔻													

SUBTOTAL of Disbursements This Page (optional)	•	150.00
TOTAL This Period (last page this line number only)	—	5640.76

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 20/30
NAME OF COMMITTEE (In Euil)			1	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Comm	ittee			C C00429084
Check if 24-hour notice 48-	hour notice			C 000429004
Full Name (Last, First, Middle, Initial) of Pa	vee		Date	
Direct Response Data	y		M M /	^D 29 / Y Y Y Y Y Y 2007
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520				774.22
City	State Zip	Code	Transaction	ID: EDT.EALC.15
Vienna	-	182	Office Sought	: House State:
Purpose of Expenditure	0-1	,		Senate District:
Fundraiser mailing expenses	Category. Type	003		X Presidential
Name of Federal Candidate supported or C Hillary Clinton	Opposed by expenditure:		Check One:	Support X Oppose
Timary Ciritori			Disbursement	For: Primary General
Calendar Year-To-Date Per Election			Othe	er (specify) :
for Office Sought	192	20.32		
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Direct Response Data			0.5	29
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520				55.32
City	State Zip	Code	Transaction	ID: EDT.EALC.16
Vienna	·	182	Office Sought	: House State:
Purpose of Expenditure	Catagory	,		Senate District:
Fundraiser mailing expenses	Category. Type	003		X Presidential
Name of Federal Candidate supported or 0	Opposed by expenditure:		Check One:	Support X Oppose
Barack Obama			Disbursement	For: Primary General
				. ,
Calendar Year-To-Date Per Election	13	73.35	Otne	er (specify) :
for Office Sought				
(a) SUBTOTAL of Itemized Independent Exp	enditures			829.54
(b) SUBTOTAL of Unitemized Independent E	expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee or agent			
		M	DD	Y
James Lacy		Date 06		2008
Signature	<u> </u>			

TEMIZED INDEPENDENT EXPE	NDITUR	ES		PAGE 21 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
The Legacy Committee Political Action Committee				C C00429084
Check if 24-hour notice 48-hour	notice			6 300 12000 1
Full Name (Last, First, Middle, Initial) of Payee			Date	
Fullfillment Management			M M /	D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520				1316.68
City	State	Zip Code		n ID: EDT.EALC.21
Vienna	VA	22182	Office Sough	
Purpose of Expenditure Folding/inserting ma- il		Category/ Type 003		Senate District: X Presidential
Name of Federal Candidate supported or Oppo Hillary Clinton	sed by expend	liture:	Check One:	Support X Oppose
Tillary Clifton			Disbursemen	t For: Primary General
Oalandar Van Ta Data Dar Florting			Othe	er (specify) :
Calendar Year-To-Date Per Election		19220.32		
for Office Sought				
Full Name (Last, First, Middle, Initial) of Payee			Date	
Fullfillment Management			M M /	29 / 2007
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520			Transaction	94.08 n ID: EDT.EALC.22
City	State	Zip Code		
Vienna	VA	22182	Office Sough	t: House State: Senate District:
Purpose of Expenditure		Category/ 003		X Presidential
Folding/inserting ma- il		Type		
Name of Federal Candidate supported or Oppo	sed by expend	liture:	Check One:	Support X Oppose
Barack Obama			D'. I	. F
			Disbursemen	
Calendar Year-To-Date Per Election		1373.35	Othe	er (specify) :
for Office Sought	• • •	1070.00		
(a) SUBTOTAL of Itemized Independent Expendit	ures			1410.76
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or aut committee) any political party committee or its agent.				
		M M	D D	Y Y Y Y
James Lacy		Date 0 6		2008
Signature				

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 22 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
The Legacy Committee Political Action Comm	ittee			C C00429084
Check if 24-hour notice 48-	hour notice			C 000420004
Full Name (Last, First, Middle, Initial) of Pa	vee		Date	
Mid America Printing	,		M M /	D D / Y Y Y Y Y Y 2 0 0 7
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520				719.91
City	State Zip	Code	Transaction	n ID: EDT.EALC.19
Vienna		182	Office Sought	t: House State:
Purpose of Expenditure	0-1	,		Senate District:
Printing	Category Type	1 00.5		X Presidential
Name of Federal Candidate supported or C Barack Obama	Opposed by expenditure:		Check One:	Support X Oppose
Baraok Obama			Disbursement	t For: Primary General
Calendar Year-To-Date Per Election			U Othe	er (specify):
for Office Sought	13	73.35		
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Mid America Printing			0 5	29 / Y Y Y Y Y Y
Mailing Address			Amount	
2070 Chain Bridge Road, Suite 520				10075.26
City	State Zip	Code		n ID: EDT.EALC.12
Vienna	VA 22	182	Office Sought	
Purpose of Expenditure	Category	/ 000		Senate District:
Printing for fundrai- ser mailers	Туре	1 000		
Name of Federal Candidate supported or C	Opposed by expenditure:		Check One:	Support X Oppose
Hillary Clinton			Disbursement	t For: Primary General
				er (specify) :
Calendar Year-To-Date Per Election for Office Sought	192	20.32		
(a) SUBTOTAL of Itemized Independent Exp	enditures			10795.17
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee or agent			
James Lacy Signature		Date 06		Y Y Y Y Y 2 0 0 8

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 23 / 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			1	
The Legacy Committee Political Action Comm	ittee			FEC IDENTIFICATION NUMBER ▼ C C00429084
Check if 24-hour notice 48-	-hour notice			
Full Name (Last, First, Middle, Initial) of Pa	iyee		Date	
Response Dynamics			M M /	29 / 2007
Mailing Address			Amount	
2070 Chain Bridge Rd., Suite 520				2688.51
City	State Zi	p Code		n ID: EDT.EALC.23
Vienna		2182	Office Sought	: House State:
Purpose of Expenditure	Cotonor			Senate District:
Mailing services	Categor Type			X Presidential
Name of Federal Candidate supported or C Hillary Clinton	Opposed by expenditure:		Check One:	Support X Oppose
· · · · · · · · · · · · · · · · · · ·			Disbursement	For: Primary General
Calendar Year-To-Date Per Election			Othe	er (specify) :
for Office Sought	193	220.32		
Full Name (Last, First, Middle, Initial) of Pa	ıyee		Date	
Response Dynamics			0 5	29 / 2007
Mailing Address			Amount	
2070 Chain Bridge Rd., Suite 520				3523.99
City	State Zi	p Code		n ID: EDT.EALC.26
Vienna	VA 22	2182	Office Sought	
Purpose of Expenditure	Categor	v/ 000		Senate District: X Presidential
Mailing services	Туре			
Name of Federal Candidate supported or 0	Opposed by expenditure:		Check One:	Support X Oppose
Hillary Clinton			Disbursement	For: Primary General
Calendar Year-To-Date Per Election	19	220.32	Othe	er (specify) :
for Office Sought	10.	220.02		
(a) SUBTOTAL of Itemized Independent Exp	enditures			6212.50
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee or ager			
		M M	D D	YYYY
James Lacy		Date 0 6		2008
Signature				

ITEMIZED INDEPENDENT EX	RPENDITURES			PAGE 24/30
NIAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Comm	ittee			C C00429084
Check if 24-hour notice 48	-hour notice			C 000423004
Full Name (Last, First, Middle, Initial) of Pa	avee		Date	
Response Dynamics	y		0,5	29 / Y Y Y Y Y Y
Mailing Address			Amount	
2070 Chain Bridge Rd., Suite 520				192.10
City	State Zip	Code		ID: EDT.EALC.25
Vienna	-	182	Office Sought	: House State:
Purpose of Expenditure				Senate District:
Mailing services	Categor Type			X Presidential
Name of Federal Candidate supported or G	Opposed by expenditure:		Check One:	Support X Oppose
Barask Obama			Disbursement	For: Primary General
Calendar Year-To-Date Per Election			U Othe	er (specify) :
for Office Sought	13	373.35		
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
Response Dynamics			M M /	29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
2070 Chain Bridge Rd., Suite 520				251.80
City	State Zip	Code	Transaction	ID: EDT.EALC.27
Vienna	VA 22	182	Office Sought	
Purpose of Expenditure	Categor	y/ 200		Senate District:
Mailing services	Туре			A i residential
Name of Federal Candidate supported or 0	Opposed by expenditure:		Check One:	Support X Oppose
Barack Obama			Dielermene	Fari Drimani Canaval
			Disbursement	
Calendar Year-To-Date Per Election	13	373.35	Othe	er (specify):
for Office Sought		7, 0.00		
(a) SUBTOTAL of Itemized Independent Exp	enditures			443.90
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
(c) TOTAL Independent Expenditures			L.	
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its ago	or authorized committee or agen			
		мм	D D Y	/ · Y · Y · Y
James Lacy		Date 06		2008
Signature				

ITEMIZED INDEPENDENT EXF	PENDITURES			PAGE 25/30
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
The Legacy Committee Political Action Committee	ee			C C00429084
Check if 24-hour notice 48-hour	our notice			C 000423004
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
The Best List, Inc.	-		0.5	^D 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
2070 Chain Bridge Rd., suite 520				841.66
City	State Zip	Code		ID: EDT.EALC.28
Vienna	VA 22	182	Office Sought:	
Purpose of Expenditure	Catagory	,		Senate District:
Lists	Category Type	003		X Presidential
Name of Federal Candidate supported or Op Hillary Clinton	posed by expenditure:		Check One:	Support X Oppose
Timary Ciritori			Disbursement	For: Primary General
Calendar Year-To-Date Per Election			Othe	r (specify) :
for Office Sought	192	20.32		
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
The Best List, Inc.			0.5	29 / 2007
Mailing Address			Amount	
2070 Chain Bridge Rd., suite 520				60.14
City	State Zip	Code	Transaction	ID: EDT.EALC.29
Vienna	•	182	Office Sought:	House State:
Purpose of Expenditure	Catagoni	,		Senate District:
Lists	Category Type	003		X Presidential
Name of Federal Candidate supported or Op	posed by expenditure:		Check One:	Support X Oppose
Barack Obama	. , ,			
			Disbursement	
Calendar Year-To-Date Per Election	13	73.35	Other	r (specify):
for Office Sought	10	73.33		
(a) SUBTOTAL of Itemized Independent Exper	nditures			901.80
(a, cc) con a contact mapping and a portion				
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		L	
(c) TOTAL Independent Expenditures				20593.67
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized committee or agent			
James Lacy Signature		Date 06		0008

Image# 28931882407 PAGE 26 / 30 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mike Pence Committee Mailing Address PO Box 408 ZIP Code City State Anderson 46015 IN Outstanding Balance Beginning This Period Transaction ID: PAY:D:44 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Norm Coleman For U.S. Senate Political Contribution Mailing Address 7300 Hudson Blvd., Suite 270A ZIP Code State City St. Paul MN 55104 Outstanding Balance Beginning This Period Transaction ID: PAY:D:45 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 500.00 0.00

1) SUBTOTALS This Period This Page (optional)	▶ 1000.00
2) TOTALS This Period (last page this line number only)	▶ 1000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶ 0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶ 1000.00

Image# 28931882408	
Form/Schedule: SB21B Transaction ID: EXP.B.1597	Total check amount is \$1142.24, of which \$901.80 represents independent expenditure
Form/Schedule: SB21B	Total check amount is \$3,648,65, of which \$2880,61 represents independent expenditure
Form/Schedule: SB21B Transaction ID: EXP.B.1595	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure
	Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure

Image# 28931882409	
Form/Schedule:SB21B Transaction ID: EXP.B.1596	Total check amount is \$4,782.50, of which \$3,775.78 represents independent expenditure
Form/Schedule: SB21B Transaction ID: EXP.B.1594	Total check amount is \$13,673.42, of which \$10795.17 represents independent expenditure

Image# 28931882410	
Form/Schedule: SB21B Transaction ID: EXP.B.1593	Total check amount is \$1,786.90, of which \$1,410.76 represents independent expenditure
Form/Schedule: SB21B Transaction ID: EXP.B.1592	Total check amount is \$1,050.71, of which \$829.54 represents independent expenditure

Image# 28931882411

