

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

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
Quarterly 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Electronically Filed by James Lacy

Date

07

31

2007

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							
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FEC FORM 3X
(Rev. 02/2003)

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
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	51862.45	51862.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51862.45	51862.45
7. Total Disbursements (from Line 31)	26273.12	26273.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25589.33	25589.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1000.00	

☐ 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. 02/2003)

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	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

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	9039.00	9039.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	42823.45	42823.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	51862.45	51862.45
(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) ➡	51862.45	51862.45
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 Transfer (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))	51862.45	51862.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51862.45	51862.45

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) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		26273.12	26273.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		26273.12	26273.12
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 Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..		26273.12	26273.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		26273.12	26273.12

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)).....	26273.12	26273.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26273.12	26273.12

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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

A. Full Name (Last, First, Middle Initial)
MRS FAYE A SMALL
Mailing Address 446 SECORY ST

City State Zip Code
HEMET CA 92543

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES COUNTY HOSPIT-
AL

Occupation
RETIRED RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: INC.A.14

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI
Mailing Address 348 PROVENAL RD

City State Zip Code
GROSSE POINTE MI 48236

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: INC.A.4

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MRS MARGARET W PIERCE
Mailing Address 2725 SENECA CIR

City State Zip Code
WEST PALM BEACH FL 33409

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
0 4 / 2 5 / 2 0 0 7

Transaction ID: INC.A.26

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(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

A. Full Name (Last, First, Middle Initial) MRS BETTY ANN SHIPKEY Mailing Address 1428 W BAY AVE City NEWPORT BEACH State CA Zip Code 92661 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: INC.A.29 Amount of Each Receipt this Period 150.00
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) 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		Date of Receipt M M / D D / Y Y Y Y Y 0 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 Occupation INVESTER/HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) MRS MARGARET W PIERCE Mailing Address 2725 SENECA CIR City WEST PALM BEACH State FL Zip Code 33409 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Transaction ID: INC.A.27 Amount of Each Receipt this Period 200.00
Name of Employer RETIRED Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(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

A. Full Name (Last, First, Middle Initial)
MS ANALYNN T HOLLOWAY
Mailing Address 7277 BOCAGE BLVD

City State Zip Code
BATON ROUGE LA 70809

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: INC.A.13

Amount of Each Receipt this Period

220.00

B. Full Name (Last, First, Middle Initial)
MRS EMMA LEA LANDERS
Mailing Address 2355 PINTA DR

City State Zip Code
WINSTON SALEM NC 27106

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: INC.A.28

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
MRS PHYLLIS R DAVIS
Mailing Address 1150 ANCHORAGE LN UNIT 610

City State Zip Code
SAN DIEGO CA 92106

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: INC.A.31

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 20

(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

A. Full Name (Last, First, Middle Initial)
MRS BETTY J ALSON
Mailing Address 819 PARADISE LN

City State Zip Code
BROOKINGS OR 97415

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY

Occupation
RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: INC.A.19

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MRS FAYE A SMALL
Mailing Address 446 SECORY ST

City State Zip Code
HEMET CA 92543

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES COUNTY HOSPIT-
AL

Occupation
RETIRED RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: INC.A.15

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MS RUTH E DEMPSTER
Mailing Address 5028 W HERNDON AVE APT 105

City State Zip Code
FRESNO CA 93722

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 ▼

994.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: INC.A.22

Amount of Each Receipt this Period

44.00

SUBTOTAL of Receipts This Page (optional)

284.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(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

A. Full Name (Last, First, Middle Initial)
MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City	State	Zip Code
FRESNO	CA	93722

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	7

Transaction ID: INC.A.23

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MRS FAYE A SMALL

Mailing Address 446 SECORY ST

City	State	Zip Code
HEMET	CA	92543

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES COUNTY HOSPIT-
ALOccupation
RETIRED RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	7

Transaction ID: INC.A.16

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City	State	Zip Code
GROSSE POINTE	MI	48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	7

Transaction ID: INC.A.5

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(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

A. Full Name (Last, First, Middle Initial)
MR ROBERT L BOUGHTON, JR
Mailing Address 3449 PADARO LN

City State Zip Code
CARPINTERIA CA 93013

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 7

Transaction ID: INC.A.7

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD M HOLCOMBE
Mailing Address 73 MALLARD CT

City State Zip Code
MONTROSS VA 22520

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 7

Transaction ID: INC.A.21

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
MRS MARJORIE P POWERS
Mailing Address 1155 SW 22ND AVE
VILLA 10 # 2

City State Zip Code
DELRAY BEACH FL 33445

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
0 6 / 0 6 / 2 0 0 7

Transaction ID: INC.A.11

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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

A. Full Name (Last, First, Middle Initial) MRS BETTY ANN SHIPKEY Mailing Address 1428 W BAY AVE City State Zip Code NEWPORT BEACH CA 92661 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: INC.A.30 Amount of Each Receipt this Period 150.00
B. Full Name (Last, First, Middle Initial) MRS PHYLLIS R DAVIS Mailing Address 1150 ANCHORAGE LN UNIT 610 City State Zip Code SAN DIEGO CA 92106 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7 Transaction ID: INC.A.32 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) DR T C JONES Mailing Address 1301 ARENAL CT City State Zip Code SANTA FE NM 87501 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Transaction ID: INC.A.8 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)

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

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

FOR LINE NUMBER: PAGE 13 / 20

(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

A. Full Name (Last, First, Middle Initial)
MRS ESTELLA T HYSON

Mailing Address 2437 W ERIC DR
MAPLE CREST

City State Zip Code
WILMINGTON DE 19808

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: INC.A.2

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MRS FAYE A SMALL

Mailing Address 446 SECORY ST

City State Zip Code
HEMET CA 92543

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES COUNTY HOSPIT-
AL

Occupation
RETIRED RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: INC.A.17

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MISS MAURINE CLICKENER

Mailing Address 1101 PEMBRIDGE DR APT 208H

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABBOTT LABORATORIES

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
0 6 / 1 4 / 2 0 0 7

Transaction ID: INC.A.1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 20

(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 ELLIOT A BAINES

Mailing Address 360 INDIAN HARBOR RD

City State Zip Code
VERO BEACH FL 32963

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: INC.A.6

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MR ANDREW E SMITH

Mailing Address 6961 CRESCENT AVE

City State Zip Code
BUENA PARK CA 90620

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 7

Transaction ID: INC.A.3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City State Zip Code
FRESNO CA 93722

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 ▼

994.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 7

Transaction ID: INC.A.24

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 20

(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 FAYE A SMALL

Mailing Address 446 SECORY ST

City State Zip Code
HEMET CA 92543

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES COUNTY HOSPIT-
AL

Occupation
RETIRED RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: INC.A.18

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS MARJORIE P POWERS

Mailing Address 1155 SW 22ND AVE
VILLA 10 # 2

City State Zip Code
DELRAY BEACH FL 33445

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
0 6 / 2 2 / 2 0 0 7

Transaction ID: INC.A.12

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City State Zip Code
FRESNO CA 93722

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 ▼

994.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: INC.A.25

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(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

A. Full Name (Last, First, Middle Initial)
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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: INC.A.10

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MS EDITH S RYDER

Mailing Address 11280 57TH AVE S

City State Zip Code
SEATTLE WA 98178

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: INC.A.20

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

9039.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 20

<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 Vienna State VA Zip Code 22182

Purpose of Disbursement
Data entry/storage

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.38

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1050.71

B. Fullfillment Management

Mailing Address 2070 Chain Bridge Road, Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Folding/inserting mail

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.40

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1786.90

C. Mid America Printing

Mailing Address 2070 Chain Bridge Road, Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Printing

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.35

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

13673.42

SUBTOTAL of Disbursements This Page (optional)

16511.03

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 20

<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. Response Dynamics

Mailing Address 2070 Chain Bridge Rd., Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement

Mailing services

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.36

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

4782.50

Full Name (Last, First, Middle Initial)

B. Response Dynamics

Mailing Address 2070 Chain Bridge Rd., Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement

Mailing services

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.41

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

3648.65

Full Name (Last, First, Middle Initial)

C. The Best List, Inc.

Mailing Address 2070 Chain Bridge Rd., suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement

Lists

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.39

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1142.24

SUBTOTAL of Disbursements This Page (optional)

9573.39

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<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. Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Admininstrative processing services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.42

Date of Disbursement

MM / DD / YY
05 / 29 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

26234.42

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 / 20

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mike Pence Committee

Nature of Debt (Purpose):

Mailing Address PO Box 408

City State ZIP Code
Anderson IN 46015

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:44

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Norm Coleman For U.S. Senate

Nature of Debt (Purpose):

Mailing Address 7300 Hudson Blvd., Suite 270A

City State ZIP Code
St. Paul MN 55104

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:45

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

1000.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶