

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 Legacy Political Fund

ADDRESS (number and street) PO Box 65 Alexandria VA 22313 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Taylor, Steve, , , Type or Print Name of Treasurer

Signature of Treasurer Taylor, Steve, , , [Electronically Filed] Date 07 / 10 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Legacy Political Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="7104.24"/>	<input type="text" value="7104.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11365.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17078.50"/>	<input type="text" value="21689.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28443.58"/>	<input type="text" value="28793.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24951.16"/>	<input type="text" value="25301.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3492.42"/>	<input type="text" value="3492.42"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="38849.71"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Legacy Political Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00	5000.00
12. Transfers From Affiliated/Other Party Committees.....	12078.50	16689.34
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)).....▶	17078.50	21689.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17078.50	21689.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	24909.16	25117.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24909.16	25117.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	42.00	84.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	24951.16	25301.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24951.16	25301.16

DETAILED SUMMARY PAGE
of Disbursements

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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)	5000.00	5000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24909.16	25117.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24909.16	25117.16

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(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)
Legacy Political Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clark, Melissa, , ,

Mailing Address PO Box 1029

City Minturn State CO Zip Code 81645

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2018

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 7 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Legacy Political Fund

A. 2018 REPUBLICAN CHALLENGERS FUND II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00669317

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16247.99

Date of Receipt
MM / DD / YYYY
05 / 23 / 2018

Transaction ID : SA12.7902

Amount of Each Receipt this Period
12078.50

Memo Item
JFC Transfer

B. Friess, Foster, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1845

City Jackson State WY Zip Code 83001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Friess Associates Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2018

Transaction ID : SA12.7902.0

Amount of Each Receipt this Period
5000.00

Memo Item
Transfer Memo

C. Friess, Lynn, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1845

City Jackson State WY Zip Code 83001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Philanthropist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2018

Transaction ID : SA12.7902.1

Amount of Each Receipt this Period
5000.00

Memo Item
Transfer Memo

SUBTOTAL of Receipts This Page (optional).....	12078.50
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)	PAGE 8 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Legacy Political Fund

A. Johnson, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Robley Rd
 City Salinas State CA Zip Code 93908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA12.7902.2
 Amount of Each Receipt this Period
 4200.00
 Memo Item
 Transfer Memo

B. Rayes, Patrick, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195429
 City Dallas State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oil & Gas Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2018
Transaction ID : SA12.7902.3
 Amount of Each Receipt this Period
 200.00
 Memo Item
 Transfer Memo

C. Coors, Peter, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 N High St
 City Denver State CO Zip Code 80218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molson Coors Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : SA12.7902.4
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 Transfer Memo

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	12078.50

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Koch & Hoos, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.7891**

Amount of Each Disbursement this Period: 1143.95

Memo Item

B. Taylor, Steve, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement Expense Reimbursement: See Memo

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 11 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.7863**

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. The Willard Intercontinental Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement PAC Event Expense: Reception/Food & Bev./AV Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2013

FEC Identification Number: C

Transaction ID : **SB21B.7863.**

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6143.95

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

Full Name (Last, First, Middle Initial)
A. Taylor, Steve, , ,

Mailing Address **515 Santa Paula Dr**

City **Salinas** State **CA** Zip Code **93901**

Purpose of Disbursement
Expense Reimbursement: See Memos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: **04 / 11 / 2018**

FEC Identification Number: **C**

Transaction ID : SB21B.7867

Amount of Each Disbursement this Period: **635.31**

Memo Item

Full Name (Last, First, Middle Initial)
B. United Airlines, Inc.

Mailing Address **77 West Wacker Dr**

City **Chicago** State **IL** Zip Code **60601**

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: **10 / 29 / 2013**

FEC Identification Number: **C**

Transaction ID : SB21B.7867.C

Amount of Each Disbursement this Period: **188.90**

Memo Item

Full Name (Last, First, Middle Initial)
C. United Airlines, Inc.

Mailing Address **77 West Wacker Dr**

City **Chicago** State **IL** Zip Code **60601**

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: **10 / 30 / 2013**

FEC Identification Number: **C**

Transaction ID : SB21B.7867.

Amount of Each Disbursement this Period: **178.90**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **635.31**

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Taylor, Steve, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Expense Reimbursement: See Memos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY
04 / 11 / 2018

FEC Identification Number
C

Transaction ID : **SB21B.7876**

Amount of Each Disbursement this Period
612.07

Memo Item

B. United Airlines, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY
11 / 20 / 2013

FEC Identification Number
C

Transaction ID : **SB21B.7876.c**

Amount of Each Disbursement this Period
158.90

Memo Item

C. United Airlines, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY
11 / 21 / 2013

FEC Identification Number
C

Transaction ID : **SB21B.7876.**

Amount of Each Disbursement this Period
168.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 612.07

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Hotels.com

Mailing Address 5400 LBJ Freeway
Ste 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement
PAC Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2013

FEC Identification Number

C
Transaction ID : SB21B.7876.1
Amount of Each Disbursement this Period
148.27

Memo Item

Full Name (Last, First, Middle Initial)

B. Taylor, Steve, , ,

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Expense Reimbursement: See Memos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 11 / 2018

FEC Identification Number

C
Transaction ID : SB21B.7884
Amount of Each Disbursement this Period
553.83

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 11 / 2013

FEC Identification Number

C
Transaction ID : SB21B.7884.
Amount of Each Disbursement this Period
158.90

Memo Item

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

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

553.83

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

Full Name (Last, First, Middle Initial) A. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 12 / 12 / 2013
Mailing Address 77 West Wacker Dr		FEC Identification Number C [] Transaction ID : SB21B.7884.1 Amount of Each Disbursement this Period [] 105.80
City Chicago	State IL	Zip Code 60601
Purpose of Disbursement PAC Airfare		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SFO Parking Management		Date of Disbursement MM / DD / YYYY 12 / 15 / 2013
Mailing Address PO Box 8097		FEC Identification Number C [] Transaction ID : SB21B.7884.3 Amount of Each Disbursement this Period [] 134.00
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement PAC Parking		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Taylor, Steve, , ,		Date of Disbursement MM / DD / YYYY 05 / 24 / 2018
Mailing Address 515 Santa Paula Dr		FEC Identification Number C [] Transaction ID : SB21B.7896 Amount of Each Disbursement this Period [] 5000.00
City Salinas	State CA	Zip Code 93901
Purpose of Disbursement Expense Reimbursement: See Memo		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:	<input type="checkbox"/> Memo Item	

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

[] 5000.00

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. The Willard Intercontinental Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 1401 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
PAC Event Expense: Reception/Food & Bev./AV Support

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2013

FEC Identification Number: C

Transaction ID : SB21B.7896.1

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Taylor, Steve, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement
Expense Reimbursement: See Memo

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7900

Amount of Each Disbursement this Period: 11950.00

Memo Item

C. The Four Seasons Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 2800 Pennsylvania Ave, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement
PAC Event Deposit

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2013

FEC Identification Number: C

Transaction ID : SB21B.7900.

Amount of Each Disbursement this Period: 11950.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11950.00
TOTAL This Period (last page this line number only).....▶	24895.16

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 18
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

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

Outstanding Balance Beginning This Period 5000.00			Transaction ID : SD10.6846		
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00			

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

Outstanding Balance Beginning This Period 5000.00			Transaction ID : SD10.6847		
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00			

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

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

Outstanding Balance Beginning This Period <input type="text" value="10230.07"/>	Transaction ID : SD10.6848	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10230.07"/>

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

Outstanding Balance Beginning This Period <input type="text" value="635.31"/>	Transaction ID : SD10.6858	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="635.31"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="553.83"/>	Transaction ID : SD10.6859	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="553.83"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="10230.07"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

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

Outstanding Balance Beginning This Period <input type="text" value="612.07"/>	Transaction ID : SD10.6861	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="612.07"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="23736.55"/>	Transaction ID : SD10.7213	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23736.55"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1142.68"/>	Transaction ID : SD10.7218	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1142.68"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="24879.23"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
Legacy Political Fund

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="1679.51"/>	Transaction ID : SD10.7378	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1679.51"/>

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3740.41"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="38849.71"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="38849.71"/>